

Case Number:	CM14-0207785		
Date Assigned:	12/19/2014	Date of Injury:	10/02/2010
Decision Date:	02/13/2015	UR Denial Date:	11/24/2014
Priority:	Standard	Application Received:	12/11/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Family Practice, has a subspecialty in ENTER SUBSPECIALTY and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

Patient had a date of injury on 10/2/2010. Patient injured his lower back. According to a progress report dated 9/22/14 the patient complained of ongoing back pain. Diagnosis includes: multiple lumbar disc herniation, lumbar radiculitis, lumbar paraspinal muscle spasms. Patient has been treated with medications and chiropractic treatments.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Solace Interferential Unit- Rental: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS) Page(s): 118-119.

Decision rationale: According to guidelines it states ICS is not recommended as an isolated intervention. There is no quality evidence of effectiveness except in conjunction with recommended treatments, including return to work, exercise and medications, and limited evidence of improvement on those recommended treatments alone. It can be used if pain is ineffectively controlled due to diminished effectiveness of medications; or pain is ineffectively

controlled with medications due to side effects. There is no documentation conservative treatment has been done and thus is not medically necessary.

Discogram Lumbar Spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines (2nd edition, text, pages 303-305); Official Disability Guidelines (http://www.odg-twc.com/odgtwc/low_back.htm)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

Decision rationale: According to guidelines it states discography is not recommended even with consideration of possible surgery and thus is not medically necessary.

Chiropractic treatment Lumbar Spine times 6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and manipulation Page(s): 58-59.

Decision rationale: According to guidelines it states chiropractic treatment should be tried for 6 visits with visits beyond that only if there is functional improvement and a home based exercise program. According to medical records there is no documentation of either and thus is not medically necessary.