

Case Number:	CM15-0022169		
Date Assigned:	02/11/2015	Date of Injury:	07/29/2013
Decision Date:	04/13/2015	UR Denial Date:	01/29/2015
Priority:	Standard	Application Received:	02/05/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

CLINICAL CASE SUMMARY

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

The injured worker is a 30 year old male, who sustained an industrial injury on 7/29/2013. He reported injury to the left knee and low back while leaning against a conveyer belt. The injured worker was diagnosed as having lumbar musculo-ligamentous injury, left knee musculo-ligamentous injury, left knee pain, left lower extremity radiculopathy, lumbar discopathy and left knee internal derangement. Treatment to date has included H wave, physical therapy and medication management. Currently, a progress note from the treating provider dated 1/12/2015 indicates the injured worker reported low back pain with occasional numbness and tingling.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional Capacity Evaluation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines- Fitness for work.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter7, p63-64.

Decision rationale: The claimant is nearly 2 years status post work-related injury and continues to be treated for low back pain with left lower extremity radiculopathy and left knee pain. Treatments have included medications and physical therapy. A Functional Capacity Evaluation is an option for select patients with chronic pain. However, in this case, the claimant has been referred for additional treatments. He is therefore not considered at maximum medical improvement and requesting a Functional Capacity Evaluation at this time is not medically necessary.

Lumbar spine support: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 12: Low Back Disorders, p138- 139.

Decision rationale: The claimant is nearly 2 years status post work-related injury and continues to be treated for low back pain with left lower extremity radiculopathy and left knee pain. Treatments have included medications and physical therapy. Guidelines recommend against the use of a lumbar support other than for specific treatment of spondylolisthesis, documented instability, or post-operative treatment. In this case, there is no spinal instability or other condition that would suggest the need for a lumbar orthosis and the claimant has not undergone surgery. Lumbar supports have not been shown to have lasting benefit beyond the acute phase of symptom relief and prolonged use of a support may discourage recommended exercise and activity with possible weakening of the spinal muscles and a potential worsening of the spinal condition. The requested lumbar support was therefore not medically necessary.

One (1) month home-based trial of TENS-EMS Unit for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy, p114 Page(s): 114. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (chronic) Neuromuscular electrical stimulation (NMES devices).

Decision rationale: The claimant is nearly 2 years status post work-related injury and continues to be treated for low back pain with left lower extremity radiculopathy and left knee pain. Treatments have included medications and physical therapy. In terms of TENS, although not recommended as a primary treatment modality, a one-month home-based TENS trial may be considered as a noninvasive conservative option. Indications include pain, inflammation, and

muscle spasm and, if effective, can be performed independently by the patient Low cost basic TENS units are available for home use and supplies such as electrodes can be reused many times. However, EMS (electrical muscle stimulation) is not recommended as there is no evidence to support its use in chronic pain. Therefore, the requested combination TENS-EMS unit trial is not medically necessary.

Chiropractic treatment 3 x 4 for the lumbar spine: 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 & manipulation Page(s): 58.

Decision rationale: The claimant is nearly 2 years status post work-related injury and continues to be treated for low back pain with left lower extremity radiculopathy and left knee pain. Treatments have included medications and physical therapy. Although chiropractic care is recommended as an option in the treatment of chronic pain, guidelines recommend a trial of 6 visits over 2 weeks with further treatment considered if there is objective evidence of functional improvement. In this case, the number of treatment sessions requested is in excess of the guideline recommendation and therefore not medically necessary.