

Case Number:	CM14-0128465		
Date Assigned:	09/16/2014	Date of Injury:	09/06/2013
Decision Date:	11/12/2014	UR Denial Date:	08/07/2014
Priority:	Standard	Application Received:	08/13/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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:

The patient is a 33 year-old female with the date of injury of 09/06/2013. The patient presents with pain in her neck, shoulders and lower back, from an auto vehicle accident. The patient presents limited range of lumbar motion. Her lumbar flexion is 90 degrees and extension is 10 degrees. Exam reveals negative straight leg raise. X-ray of the lumbar spine from 10/22/2013 reveals moderate scoliosis on lumbar spine and MRI of lumbar spine from 11/19/2013 reveals there was mild loss of disk height with normal disk hydration at L3-4 negative for posterior disk bulge or protrusion, anterior osteophytosis with a 4mm anterior protrusion suggested on T1 sagittal sequence. According to [REDACTED] on 07/24/2014, diagnostic impressions are: 1) Lumbar radiculopathy 2) Cervicalgia 3) Reactive depression & anxiety The utilization review determination being challenged is dated on 09/06/2014. [REDACTED] is the requesting provider, and he provided treatment 3 reports from 02/27/2014 to 07/24/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

CHIROPRACTIC LUMBAR SPINE CERVICAL SPINE X8: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

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

Decision rationale: The patient presents pain and weakness in her neck and lower back. The request is for 8 visits of chiropractic treatment for lumbar and cervical spine. [REDACTED] report on 07/27/2014 indicates that the patient had chiropractic treatment with excellent relief. None of the reports indicates that how many visits the patient has had in the past, why additional therapy is being requested at this time or what can be accomplished with additional therapy. MTUS guidelines allow trial of 6 visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks for low back pain. Given the lack of discussion regarding any specific functional improvement such as changes in ADL's, work status and reduced dependence on medical treatments, additional chiropractic treatment, the request is considered not medically necessary.

TENS UNIT RENTAL 30 DAYS: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TRANSCUTANEOUS ELECTRICAL NERVE STIMULATION Page(s): 113-116.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain Page(s): 114-116.

Decision rationale: The patient presents pain and weakness in her neck and lower back. The request is for TENS unit rental for 30 days. MTUS guidelines do not recommend Tens unit as "a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration" and for certain conditions, including neuropathic pain. In this case, the patient has failed with conservative care, has radiculopathy and a trial of TENS unit appears reasonable. The request is medically necessary.

LOW BACK BRACE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG Guidelines, Low Back - Lumbar & Thoracic (Acute & Chronic) chapter, Lumbar supports

Decision rationale: The patient presents with pain and weakness in her neck and lower back. The request is for low back brace. MRI of the lumbar spine from 11/13/2013 reveals mild loss of disc height with normal disc hydration at L3-L4 with no evidence of disc bulge or protrusion. ODG guidelines do not recommend back support as an option for prevention. Back supports are recommended as an option for compression fracture and specific treatment of spondylolisthesis, documented instability, and for treatment of nonspecific LBP (very low-quality evidence, but may be a conservative option). In this case, none of the physician's reports provide information

about this request. There is no documentation of instability or spondylolisthesis, no dislocation or fracture. The patient does have non-specific low back pain but the evidence is low-grade for this indication. The request is not medically necessary.