MAXIMUS Federal Services

Case Number:	CM14-0149138		
Date Assigned:	09/18/2014	Date of Injury:	07/15/2014
Decision Date:	10/17/2014	UR Denial Date:	09/02/2014
Priority:	Standard	Application Received:	09/15/2014

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 Pain Medicine and Spinal Cord Medicine and is licensed to practice in Maryland. 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 claimant has a history of a work injury occurring on 07/15/14 when his vehicle was rear ended by police officer on a motorcycle. An x-ray of the lumbar spine on 007/15/14 showing moderate L5-S1 degenerative changes without acute injury.He was seen on 07/17/14. He was having left neck, left upper and middle back, and left lower back pain. Physical examination findings included multilevel spinal tenderness with pain and decreased lumbar spine range of motion. Authorization for physical therapy was requested. Acetaminophen and a topical analgesic were prescribed. He was released to modified duty. He was seen by the requesting provider on 08/12/14 with neck, upper back, mid back, and low back pain with radiating symptoms into the left lower extremity. Physical examination findings included a decreased cervical spine lordosis with paraspinal and upper trapezius muscle tenderness with spasm, guarding, and trigger points and there was decreased cervical spine range of motion. He had thoracic paraspinal muscle tenderness with trigger points. In the lumbar spine there was paraspinal muscle tenderness with muscle guarding and spasm and tenderness over the sacroiliac joints and decreased range of motion. Sacroiliac stress testing was positive. There was low back pain with straight leg raising. There was normal strength and sensation and a normal gait. Fexmid was prescribed.

IMR ISSUES, DECISIONS AND RATIONALES

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

18 sessions of chiropractic manipulative therapy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints Page(s): 173, 299-300. Decision based on Non-MTUS Citation ODG Chiropractic Guidelines: Therapeutic care low back-lumbar and thoracic (acute and chronic)

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

Decision rationale: The claimant is status post work-related injury and is being treated for widespread spinal pain.Although chiropractic care is recommended as an option, 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.

1 home inferential unit: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS) Page(s): 118-120.

Decision rationale: The claimant is status post work-related injury and is being treated for widespread spinal pain.Criteria for a one month trial of an interferential stimulation unit include ineffective pain control despite conservative measures. Continued use should be based on evidence of increased functional improvement, less reported pain and evidence of medication reduction. In this case, the claimant has not undergone a trial of interferential stimulation and therefore a home interferential unit is not medically necessary.