

Case Number:	CM14-0153612		
Date Assigned:	09/23/2014	Date of Injury:	11/05/2013
Decision Date:	10/30/2014	UR Denial Date:	09/04/2014
Priority:	Standard	Application Received:	09/19/2014

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 Occupational Medicine 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of November 5, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; unspecified amounts of physical therapy; transfer of care to and from various providers in various specialties; unspecified amounts of manipulative therapy; and trigger point injection therapy. In a Utilization Review Report dated September 4, 2014, the claims administrator denied a request for an interferential unit, chiropractic manipulative therapy, and a hot and cold unit. The applicant's attorney subsequently appealed. In a May 22, 2014 progress note, the applicant reported 8/10 low back pain radiating to the left leg. The applicant stated that activities such as kneeling, bending, driving, walking, and/or lifting were all worsening her pain. Limited lumbar range of motion was noted. Diminished sensorium was noted about the left L5-S1 distribution. The applicant had apparently received a Toradol injection and trigger point injections. Acupuncture and a Medrol Dosepak were endorsed. The applicant was asked to maintain current work restrictions. It was not clearly stated whether or not the applicant was working. On July 17, 2014, the applicant was again described as having continuous, recalcitrant, unimproved low back pain. The applicant was asked to schedule acupuncture and an epidural injection. 5/10 low back pain was noted. The applicant was again asked to continue unchanged work restrictions. On August 21, 2014, the applicant apparently transferred care to a new primary treating provider. An interferential unit, hot and cold unit, and additional chiropractic manipulative therapy were endorsed. The applicant was given a rather proscriptive 20-pound lifting limitation. It did not appear that the applicant was working with said limitation in place. Functional Capacity Evaluation (FCE) testing was also sought.

IMR ISSUES, DECISIONS AND RATIONALES

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

Interferential unit: Upheld

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

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

Decision rationale: While page 120 of the MTUS Chronic Pain Medical Treatment Guidelines does support purchase of an interferential stimulator device in applicants who have had a favorable outcome in terms of both pain relief and function during an earlier one-month trial, in this case, however, there is no evidence that the applicant has in fact completed the one-month trial of the interferential stimulator device at issue before a request to purchase the device was made. Therefore, the request is not medically necessary.

Hot and cold unit: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Lumbar and Thoracic (Acute and Chronic)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 299.

Decision rationale: While the MTUS Guideline in ACOEM Chapter 12, Table 12-5, page 299 does recommend at-home local application of heat and cold as methods of symptom control for low back pain complaints, ACOEM, by implication, does not support more elaborate high-tech heating and cooling devices to deliver hot and cold therapy as is being proposed here. Therefore, the request is not medically necessary.

Chiropractic treatment for the lumbar spine 2 times per week for 6 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58-59.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation topic. Page(s): 59-60.

Decision rationale: While pages 59 and 60 of the MTUS Chronic Pain Medical Treatment Guidelines do support up to 24 sessions of chiropractic manipulative therapy in applicants who demonstrate treatment success by achieving and/or maintaining successful return to work status. In this case, however, it does not appear that the applicant is working with a rather proscriptive 20-pound lifting limitation in place despite having completed extensive prior manipulative

treatment over the course of the claim. Therefore, the request for additional chiropractic manipulative therapy is not medically necessary.