

Case Number:	CM14-0166026		
Date Assigned:	10/13/2014	Date of Injury:	01/27/2012
Decision Date:	11/12/2014	UR Denial Date:	09/10/2014
Priority:	Standard	Application Received:	10/08/2014

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, 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:

This is a 72-year-old female claimant who sustained a work injury on January 27, 2012 involving the shoulders, neck and back. She was diagnosed with cervical, thoracic, and lumbar pain. She had discogenic disease with radiculitis in the cervical and lumbar regions. She had undergone trigger point injections for symptoms and was found to reach maximum medical improvement. Progress notes on August 28, 2014 indicated claimant had 7/10 pain. Exam findings were notable for tenderness to palpation and spasms in the paraspinal regions. Straight leg raise test was positive bilaterally. Two weeks later, a treating chiropractor requested ultrasound, neuromuscular education, massage and electrical stimulation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultrasound: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

Decision rationale: According to the ACOEM guidelines, ultrasound has no proven efficacy in treating back pain symptoms. There is insufficient scientific testing to determine the

effectiveness of ultrasound therapy. In addition the length of ultrasound treatment was not specified. The ultrasound request is not medically necessary.

Neuromuscular re-education: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 295-309. Decision based on Non-MTUS Citation Low back pain and education

Decision rationale: According to the guidelines above, patient educational efforts that advise patients with back pain to stay active and exercise, not to rest for prolonged periods, and to remain at work, have been proven effective. In this case there is no documentation as to the original education provided and its effectiveness. Request for neuromuscular reeducation is not medically necessary.

Massage: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines massage Page(s): 60.

Decision rationale: According to the MTUS guidelines, massage therapy should be an adjunct to other recommended treatment (e.g. exercise), and it should be limited to 4-6 visits in most cases. In this case the length of treatment was not specified in massage therapy is considered an adjunct not a direct necessity. The request for massage therapy above was not medically necessary.

Electrical Stimulation: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 113-115.

Decision rationale: According to the MTUS guidelines, a TENS unit is not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option. It is recommended for the following diagnoses: CRPS, multiple sclerosis, spasticity due to spinal cord injury and neuropathic pain due to diabetes or herpes. In this case, the claimant did not have the above diagnoses. The length of use was not specified and the type of electrical stimulation was not specified. The request for a electrical stimulation is not medically necessary.

