

Case Number:	CM15-0111316		
Date Assigned:	06/17/2015	Date of Injury:	01/20/2015
Decision Date:	07/22/2015	UR Denial Date:	05/14/2015
Priority:	Standard	Application Received:	06/09/2015

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: California, Hawaii
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 48-year-old female who sustained an industrial injury on January 20, 2015. She has reported low back pain, left buttock pain, left leg pain, and numbness and tingling and has been diagnosed with lumbosacral radiculitis/radiculopathy and myofascial pain. Treatment has consisted of chiropractic care, physical therapy, medications, bracing, medical imaging, and modified work duty. There were multiple paraspinal tender points and trigger points. Range of motion was reduced with pain. Straight leg raise was positive at the left at 45 degrees and caused radicular pain. The treatment request included chiropractic treatments 6 sessions and one off the shelf standard heating pad.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic treatment 2 x a week for 6 weeks for lumbar spine: Upheld

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

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

Decision rationale: The patient presents with constant lower back pain that is rated a 6/10. The current request is for Chiropractic treatment 2 x a week for 6 weeks for lumbar spine. The treating physician report dated 3/10/15 states that the patient has completed 7 chiropractic visits and 6 physical therapy sessions. There is no documentation of functional improvement with chiropractic treatments previously performed and the physician states, "Patient should continue Chiropractic Therapy treatment." (202b) The MTUS guidelines support initial chiropractic treatment of 6 visits and with functional improvement up to 18 visits. In this case, the treating physician has not documented any functional improvements with prior chiropractic treatments and the current request exceeds the MTUS recommendation of additional 6 visits with reported functional improvement. The current request is not medically necessary.

Solar Care FIR heating system - heat pad: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Online, Low Back Chapter, Infrared therapy (IR).

Decision rationale: The patient presents with constant lower back pain that is rated a 6/10. The current request is for Solar Care FIR heating system heat pad. The treating physician states, "Solar care FIR heating system-heat pad. " The ODG guidelines state, not recommended over other heat therapies. Where deep heating is desirable, providers may consider a limited trial of IR therapy for treatment of acute LBP, but only if used as an adjunct to a program of evidence-based conservative care (exercise). The IR therapy unit used in this trial was demonstrated to be effective in reducing chronic low back pain, and no adverse effects were observed; the IR group experienced a 50% pain reduction over 7 weeks, compared with 15% in the sham group. (Gale, 2006) See also Heat therapy. In this case, the treating physician has not documented why a standard heating pad is not sufficient for this patient and ODG does not support long term usage of this form of heat. The current request is not medically necessary.