

Case Number:	CM15-0077278		
Date Assigned:	04/28/2015	Date of Injury:	02/22/2015
Decision Date:	05/26/2015	UR Denial Date:	04/09/2015
Priority:	Standard	Application Received:	04/22/2015

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

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 51 year old female sustained an industrial injury on 2/22/15. She subsequently reported back pain. Diagnoses include lumbosacral sprain. Treatments to date have included x-ray studies, therapy and prescription pain medications. The injured worker continues to experience back pain. Upon examination, muscle spasms and tenderness were noted. A request for Physical Medicine 3 x 4 (Electrical Muscle stimulation lumbar, infrared thoracic and lumbar, Chiro thoracic and lumbar, massage thoracic and lumbar, therapeutic activities lumbar spine) and Range of Motion and addressing ADL's was made by the treating physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Medicine 3x4 (Electrical Muscle stimulation lumbar, infrared thoracic and lumbar, Chiro thoracic and lumbar, massage thoracic and lumbar, therapeutic activities lumbar spine): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy Manual Therapy Massage Therapy Page(s): 111-113/58/60.

Decision rationale: MTUS Guidelines do not support the treatment as requested. Guidelines clearly state that electrical muscle stimulation is not recommended for this patient's condition. In addition, Guidelines recommend up to a total of 6 Chiropractic sessions with evidence for functional improvement before additional sessions can be justified. Guidelines also state that up to 6 sessions of massage therapy are adequate for most conditions. There are no unusual circumstances to justify an exception to Guidelines. The request for Physical Medicine 3 x 4 (Electrical Muscle stimulation lumbar, infrared thoracic and lumbar, Chiro thoracic and lumbar, massage thoracic and lumbar, therapeutic activities lumbar spine) is not supported by Guidelines and is not medically necessary.

Range of Motion and addressing ADL's: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Low Back Chapter: Computerized range of motion: (ROM).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Improvement Measures Page(s): 48. Decision based on Non-MTUS Citation Low Back - Flexibility/ROM.

Decision rationale: Guidelines consider ROM measures and the documentation of ADLs as part of routine medical evaluations. There is no medical necessity to consider this as a separate entity from usual and customary musculo-skeletal evaluations with authorization necessary. E/M codes can be utilized to reflect an appropriate medical evaluation if documentation is adequately done. The special request for Range of Motion and addressing ADL's is not medically necessary. These issues are integrated into usual and customary medical evaluations and care.