MAXIMUS Federal Services

Case Number:	CM13-0023061		
Date Assigned:	11/15/2013	Date of Injury:	10/28/2002
Decision Date:	01/28/2014	UR Denial Date:	09/05/2013
Priority:	Standard	Application Received:	09/11/2013

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 a Chiropractor, has a subspecialty in Acupuncture and is licensed to practice in Texas. 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.

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 patient is a 48-year-old male who reported an injury on 10/28/2002. The patient is currently diagnosed with cervical facet syndrome, cervical disc displacement, and lumbar facet syndrome. The patient was recently seen by [redacted] on 08/20/2013. The patient complained of constant pain in the cervical spine with radiation to the left upper extremity. The patient also reported moderate muscle spasm and pain in the left shoulder. Physical examination revealed moderate tenderness to palpation, trigger points at the trapezius muscle, cervical and thoracic subluxation, hypomobility, 3+ muscle tightness, and poor muscle strength. Treatment recommendations included manual therapy with electrical muscle stimulation, ultrasound, traction, myofascial release, and manual therapy, as well as at home use of cold packs.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultrasound, therapeutic: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Harris J (Ed), Occupational Medicine Practice Guidelines, 2nd Edition (2004, pg.173 and Official Disability Guidelines (ODG) Neck & Upper Back Chapter, ultrasound, therapeutic.

Decision rationale: California MTUS/ACOEM Practice Guidelines state there is no high-grade scientific evidence to support the effectiveness or ineffectiveness of passive physical modalities, such as traction, heat and cold applications, massage, diathermy, cutaneous laser treatment, ultrasound, transcutaneous electrical neurostimulation units, and biofeedback. Official Disability Guidelines state ultrasound therapy is currently under study. As per the clinical notes submitted, the patient has previously participated in EMS, ultrasound, traction, myofascial release, and manual therapy. Documentation of significant functional improvement following the initial course of treatment was not provided. Based on the clinical information received, the request is non-certified.

Electrical muscle stimulation (EMS): 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) Neck & Upper Back,(Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Harris J (Ed), Occupational Medicine Practice Guidelines, 2nd Edition (2004) - pg. 173 and Official Disability Guidelines (ODG) Neck & Upper Back Chapter, Electrical Muscle Stimulation.

Decision rationale: California MTUS/ACOEM Practice Guidelines state there is no high-grade scientific evidence to support the effectiveness or ineffectiveness of passive physical modalities such as traction, heat and cold applications, massage, diathermy, cutaneous laser treatment, ultrasound, transcutaneous electrical neurostimulation units, and biofeedback. Official Disability Guidelines state electrical muscle stimulation is not recommended. As per the clinical notes submitted, the patient has previously participated in the requested physical modalities. Documentation of the previous course of therapy with treatment efficacy was not provided. Based on the clinical information received, the request is non-certified

Traction is not medically necessary: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173-4. Decision based on Non-MTUS Citation Official Disability Guidelnes, Neck and Upper Back (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Harris J (Ed), Occupational Medicine Practice Guidelines, 2nd Edition (2004) - pg. 173 and Official Disability Guidelines (ODG) Neck & Upper Back Chapter, Traction.

Decision rationale: California MTUS/ACOEM Practice Guidelines state there is no high-grade scientific evidence to support the effectiveness or ineffectiveness of passive physical modalities such as traction, heat and cold applications, massage, diathermy, cutaneous laser treatment, ultrasound, transcutaneous electrical neurostimulation units, and biofeedback. Official Disability Guidelines traction is recommended for patients with radicular symptoms in conjunction with a

home exercise program. As per the clinical notes submitted, the patient has previously utilized the requested passive modalities. Documentation of the previous course of therapy with treatment efficacy was not provided for review. As such, the current request cannot be determined as medically appropriate. Based on the clinical information received, the request is non-certified

Traction: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173-4. Decision based on Non-MTUS Citation Official Disability Guidelnes, Neck and Upper Back (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back Chapter, Traction.

Decision rationale: California MTUS/ACOEM Practice Guidelines state there is no high-grade scientific evidence to support the effectiveness or ineffectiveness of passive physical modalities such as traction, heat and cold applications, massage, diathermy, cutaneous laser treatment, ultrasound, TENS unit, and biofeedback. California MTUS Guidelines further state massage therapy should be an adjunct to other recommended treatment and it should be limited to 4 to 6 visits in most cases. As per the clinical notes submitted, the patient has previously participated in a course of massage therapy. Documentation of the initial course of treatment with efficacy was not provided. Therefore, the current request cannot be determined as medically appropriate. As such, the request is non-certified.

Myofascial release: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back Chapter, Massage.

Decision rationale: California MTUS/ACOEM Practice Guidelines state there is no high-grade scientific evidence to support the effectiveness or ineffectiveness of passive physical modalities such as traction, heat and cold applications, massage, diathermy, cutaneous laser treatment, ultrasound, TENS unit, and biofeedback. California MTUS Guidelines further state massage therapy should be an adjunct to other recommended treatment and it should be limited to 4 to 6 visits in most cases. As per the clinical notes submitted, the patient has previously participated in a course of massage therapy. Documentation of the initial course of treatment with efficacy was not provided. Therefore, the current request cannot be determined as medically appropriate. As such, the request is non-certified.