MAXIMUS Federal Services

Case Number:	CM13-0024228		
Date Assigned:	01/03/2014	Date of Injury:	07/07/2013
Decision Date:	03/24/2014	UR Denial Date:	08/27/2013
Priority:	Standard	Application Received:	09/13/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine & Rehabilitation 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 physician 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 patient is a 41-year-old female who reported an injury on 07/07/2013 due to a motor vehicle accident. The patient reportedly sustained injury to the low back and right shoulder. The patient has been treated with conservative treatments to include medications, physical therapy, and acupuncture. The patient's most recent clinical examination revealed tenderness to palpation along the lower lumbar musculature, positive muscle guarding, and tenderness to palpation of the right shoulder musculature. The patient's diagnoses included lumbosacral sprain/strain and right shoulder strain. A treatment recommendation was made for chiropractic care and an OrthoStim4 stimulator unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic treatment (12 sessions): 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 Manual Therapy & Manipulation Page(s): 58.

Decision rationale: The requested 12 sessions of chiropractic treatment are not medically necessary or appropriate. The California Medical Treatment and Utilization Schedule

recommends a trial of 6 chiropractic visits to support the efficacy of this type of treatment in a patient's chronic pain management. The clinical documentation submitted for review does not provide any evidence that the patient has had any prior chiropractic care. Therefore, a trial of 6 sessions would be indicated. However, the requested 12 sessions is in excess of this recommendation. There are no exceptional factors noted within the documentation to support extending treatment beyond Guideline recommendations. As such, the requested 12 sessions of chiropractic treatment are not medically necessary or appropriate.

An OrthoStim4 unit: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 167.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Galvanic Stimulation, Interferential Current Stimulation and Neuromuscular electrical stimulatio.

Decision rationale: The requested OrthoStim4 unit is not medically necessary or appropriate. The requested equipment is a 4 module stimulator that includes an interferential current, galvanic pulsed current, neuromuscular stimulation, and direct pulse current. The California Medical Treatment and Utilization Schedule does not recommend the use of interferential current stimulation as an isolated intervention. However, the clinical documentation does indicate that the patient is participating in a home exercise program. The California Medical Treatment and Utilization Schedule does recommend a 1-month clinical trial for patients who have ineffectively controlled pain and have exhausted all other treatment modalities. The clinical documentation submitted for review does not provide any evidence that the patient has significant limitations due to pain and is non-responsive to medications. The California Medical Treatment and Utilization Schedule does not recommend the use of neuromuscular electric stimulation devices for the treatment of chronic pain. Additionally, galvanic stimulation is not supported by the California Medical Treatment and Utilization Schedule and is considered investigational for all indications. As the OrthoStim4 unit is a compounded device that consists of stimulators that are not recommended by the California Medical Treatment and Utilization Schedule this device would not be indicated. As such, the requested OrthoStim4 unit is not medically necessary or appropriate.