

Case Number:	CM13-0039466		
Date Assigned:	12/18/2013	Date of Injury:	04/12/2010
Decision Date:	04/30/2014	UR Denial Date:	10/18/2013
Priority:	Standard	Application Received:	10/28/2013

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 Board Certified in Physical Medicine and Rehabilitation and Pain Medicine and is licensed to practice in Texas and Ohio. 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:

The patient is a 44-year-old female who reported an injury on 04/12/2010. The mechanism of injury was moving furniture. The documentation of 09/27/2013 revealed the patient had tenderness to palpation over the paraspinal musculature bilaterally with muscle guarding and spasms. There was tenderness to palpation over the lumbosacral junction. The straight leg raise elicited radiating pain to the bilateral knees. The patient's sensory examination revealed decreased sensation in the right L4 dermatome and left S1 dermatome. The patient's diagnosis was lateral epicondylitis. The request was made for chiropractic treatment 2 times a week for 5 weeks to decrease pain while increasing range of motion and ability to perform activities of daily living and an OrthoStim 4 unit to decrease pain and muscle spasms.

IMR ISSUES, DECISIONS AND RATIONALES

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

CHIROPRACTIC TREATMENT TWO TIMES FIVE TO THE CERVICAL SPINE:

Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy And Manipulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy Page(s): 58-59. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & Upper Back Chapter, Manipulation.

Decision rationale: California MTUS Guidelines recommend manual therapy and manipulation for chronic pain if it is caused by musculoskeletal conditions. However, it does not specifically address treatment of the neck and cervical spine. As such, secondary guidelines were sought. Official Disability Guidelines recommend 9 visits over 8 weeks of chiropractic care. There should be a trial of 6 visits over 3 weeks. The clinical documentation however, failed to indicate the patient's previous treatments and the patient's functional response to those treatments. Additionally, there was a lack of documentation indicating the need for 10 treatments. Given the above, the request for chiropractic treatment 2 times 5 to the cervical spine is not medically necessary

ORTHOSTIM 4 UNIT FOR THE CERVICAL SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 115-121.

Decision rationale: California MTUS recommends a one month trial of a TENS unit as an adjunct to a program of evidence-based functional restoration for chronic neuropathic pain. Prior to the trial there must be documentation of at least three months of pain and evidence that other appropriate pain modalities have been tried (including medication) and have failed. They do not recommend Neuromuscular electrical stimulation (NMES devices) as there is no evidence to support its' use in chronic pain. They do not recommend Interferential Current Stimulation (ICS) as an isolated intervention. The clinical documentation submitted for review failed to provide documentation of exceptional factors to warrant nonadherence to guideline recommendations. Additionally, there was a lack of documentation indicating the prior therapies that had been utilized and the patient's response to them. The request as submitted failed to indicate the duration of use, and whether the unit was for rental or purchase. Given the above, the request for OrthoStim 4 unit for the cervical spine is not medically necessary.