

Case Number:	CM14-0132889		
Date Assigned:	08/22/2014	Date of Injury:	05/10/2014
Decision Date:	09/30/2014	UR Denial Date:	07/24/2014
Priority:	Standard	Application Received:	08/18/2014

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 Internal Medicine and is licensed to practice in Arizona. 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 injured worker is a 56year old woman who had a work-related injury dated 5/10/14 resulting in pain and injury to the left shoulder, upper back and neck thoracic and lumbar spine and rib cage. She was seen initially on 7/9/14. The physical exam showed decreased range of motion of involved body parts, tenderness to bilateral paraspinal thoracolumbar areas and left lateral rib cage as well as sacral areas; pain to both SIJ's and gluteal area. There is a positive Patricks test bilaterally. The diagnosis includes cervicgia, cervical sprain/strain, lumbar sprain, Sacroiliac joint dysfunction, and muscle spasm. The requested treatment from the provider included Chiropractic evaluation 3x4, back support, Thera cane hand-held massager and a trial of a Tens unit. During utilization review dated 7/24/14 the request for Chiropractic treatment was modified for 2 times a week for 3 weeks, the use of a back support, Theracane and TENS trial were denied. The patient is taking Naprosyn for pain control.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic evaluation and treatment 3x4 for the cervical/thoracic/lumbar spine and left shoulder: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298, Chronic Pain Treatment Guidelines 9792.20-.26 Page(s): 58.

Decision rationale: In this case the injured worker has a date of injury of 5/10/14. The requested services include Chiropractic treatment 3X4 which would be 12 sessions total. According to the ACOEM chapter on neck and back pain, manipulation appears safe and effective in the first few weeks of back pain without radiculopathy. For patients with symptoms lasting longer than one month, manipulation is probably safe but efficacy has not been proven. In this case the chiropractic treatment is being recommended more than a month after the injury was caused and therefore not in the acute phase of injury therefore the efficacy has not been proven. The use of chiropractic treatment is not medically necessary.

Back support, theracane: 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 Page(s): 173-174. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Lumbar Supports.

Decision rationale: According to the ODG chapter on low back pain, Lumbar supports are not recommended as there is a strong and consistent evidence that lumbar supports were not effective in preventing neck and back pain. The Theracane is a self-massager that can be considered massage therapy. According to ACOEM there is no high-grade scientific evidence to support the effectiveness or ineffectiveness of passive physical modalities such as traction, heat/cold applications, massage, diathermy, cutaneous laser treatment, ultrasound, transcutaneous electrical neurostimulation (TENS) units, and biofeedback for back pain. The use of a Thera Cane and back support are not medically necessary.

TENS trial: 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, Chapter 12 Low Back Complaints Page(s): 173-174; 298.

Decision rationale: According to ACOEM there is no high-grade scientific evidence to support the effectiveness or ineffectiveness of passive physical modalities such as traction, heat/cold applications, massage, diathermy, cutaneous laser treatment, ultrasound, transcutaneous electrical neurostimulation (TENS) units, and biofeedback for back pain. The use of a TENS unit for this injured worker with pain in the back, shoulder and ribs is not medically necessary.