

Case Number:	CM14-0166241		
Date Assigned:	10/13/2014	Date of Injury:	05/28/2014
Decision Date:	11/17/2014	UR Denial Date:	09/12/2014
Priority:	Standard	Application Received:	10/09/2014

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 Occupational Medicine and is licensed to practice in California. 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 applicant is a represented [REDACTED] employee who has filed a claim for low back pain, mid back pain, and neck pain reportedly associated with an industrial injury of May 28, 2014. Thus far, the applicant has been treated with the following: Analgesic medications; unspecified amounts of physical therapy; a cervical pillow; a lumbar support; and transfer of care to and from various providers in various specialties. In a utilization review report dated September 12, 2014, the claims administrator partially approved a request for 8 sessions of manipulative therapy for the neck, mid back, and low back as 6 sessions of the same and denied a request for an interferential unit outright. In a progress note dated August 26, 2014, the claimant presented with persistent complaints of neck, mid back, and low back pain. The claimant stated that she had noted limited improvement with 12 prior sessions of physical therapy. The claimant was working despite persistent complaints, scored at 6/10. X-rays and 8 sessions of chiropractic manipulative therapy for the cervical spine, lumbar spine, and thoracic spine were sought. A rather permissive 25-pound lifting limitation was endorsed. The claimant was apparently using Fexmid for pain relief. The remainder of the file was surveyed. It did not appear that the applicant had had prior manipulative therapy through that point in time.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 Chiropractic manipulation sessions for the lumbar, thoracic and cervical spine:
Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints Page(s): TABLE 8-8, PAGE 181; 299.

Decision rationale: Yes, the request for 8 sessions of chiropractic manipulative therapy for the lumbar spine, cervical spine, and thoracic spine is medically necessary, medically appropriate, and indicated here. As noted in the MTUS-adopted ACOEM Guidelines in Chapter 12, page 299, manipulation may "enhance patient mobilization" in the acute phases of injury. Similarly, the MTUS Guideline in ACOEM Chapter 8, Table 8-8, page 181 notes that physical manipulation for neck pain is "optional" early in care. The 8-session course of treatment, thus, is in line with ACOEM principles and parameters. Manipulation is recommended in the acute to subacute phases of neck, upper back, and low back pain, per ACOEM. Therefore, the first-time request for 8 sessions of manipulative therapy is medically necessary.

Interferential unit: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chapter 8 Neck and Upper Back Complaints Page(s): TABLE 8-5, PAGE 181; 300.

Decision rationale: Conversely, the request for an interferential unit [purchase] is not medically necessary, medically appropriate, or indicated here. As noted in the MTUS-adopted ACOEM Guidelines in Chapter 12, page 300, insufficient evidence exists to determine the effectiveness of sympathetic therapy/a.k.a. interferential therapy. Similarly, the MTUS Guideline in ACOEM Chapter 8, Table 8-8, page 181 notes that transcutaneous electrical neurostimulation, which the interferential therapy at issue is a subset of, is "not recommended" in the evaluation and management of neck and upper back complaints. In this case, the attending provider did not furnish any compelling applicant-specific rationale or medical evidence which would offset the unfavorable ACOEM position on the article at issue. The limited information on file suggested that the applicant was responding favorably to conventional therapy with time, physical modalities, and analgesic medications. Therefore, the request for an interferential therapy device is not medically necessary.