

Case Number:	CM14-0166777		
Date Assigned:	10/14/2014	Date of Injury:	12/13/2012
Decision Date:	12/12/2014	UR Denial Date:	09/08/2014
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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 61 year old with an injury date on 12/13/12. Patient complains of constant, severe, and sharp cervical pain rated 8/10 that radiates to the bilateral shoulders with numbness/tingling per 7/29/14 report. Based on the 7/29/14 progress report provided by [REDACTED] the diagnoses are: 1. cervicobrachial syndrome 2. cervical spinal stenosis 3. sprains of the shoulder and upper arm. Exam on 7/29/14 showed "C-spine range of motion limited, with flexion 20/50 degrees." Patient's treatment history includes only medications (the 8/12/14 report discontinues Tramadol, and states patient is currently using 2 compounded creams, and states "meds from last visit have not been beneficial"). [REDACTED] is requesting spinal manipulation, manual therapy 2x4 weeks for the cervical spine, and EMS infrared 2x4 weeks cervical spine. The utilization review determination being challenged is dated 9/8/14. [REDACTED] is the requesting provider, and he provided treatment reports from 4/10/14 to 9/17/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Spinal manipulation, manual therapy 2x4 weeks for the cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58 of 127.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Treatments, Manual therapy & manipulation Page(s): 58, 59.

Decision rationale: This patient presents with neck pain, and bilateral shoulder pain. The treater has asked for spinal manipulation, manual therapy 2x4 weeks for the cervical spine on 7/29/14. Review of the reports does not show any evidence of chiropractic treatments being done in the past. MTUS guidelines allow up to 18 sessions of treatments following initial trial of 3-6 if functional improvements can be documented. In this case, the patient has not had a prior trial of chiropractic treatments and a trial of 3-6 sessions would be reasonable. The requested 8 sessions of spinal manipulation for the cervical spine, however, exceed MTUS guidelines for this type of condition. The request is not medically necessary.

EMS (Electronic Muscle Stimulation), infrared 2x4 weeks for the cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98 of 127.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) low back chapter online for: Infrared therapy (IR)

Decision rationale: This patient presents with neck pain, and bilateral shoulder pain. The treater has asked for EMS infrared 2x4 weeks for the cervical spine on 7/29/14. Review of the reports does not show any evidence of infrared therapy being done in the past. Infrared therapy is not recommended by ODG over other heat therapies. Where deep heating is desirable, providers may consider a limited trial of IR therapy for treatment of acute LBP (low back pain), but only if used as an adjunct to a program of evidence-based conservative care (exercise). In this case, the requested EMS infrared 2x4 weeks for the cervical spine is not considered medically necessary, as ODG does not recommend infrared therapy over other alternative heat therapies. In addition, the included reports do not indicate a plan for the patient to perform IR therapy in conjunction with physical therapy or a home exercise program. The request is not medically necessary.