

Case Number:	CM14-0171244		
Date Assigned:	10/23/2014	Date of Injury:	04/11/2014
Decision Date:	12/02/2014	UR Denial Date:	09/18/2014
Priority:	Standard	Application Received:	10/16/2014

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, myofascial pain syndrome, and abdominal pain reportedly associated with an industrial injury of April 11, 2014. Thus far, the applicant has been treated with the following: Analgesic medications; unspecified amounts of physical therapy; and several weeks to several months off work. In a Utilization Review Report dated September 18, 2014, the claims administrator denied a request for additional chiropractic manipulative therapy, podiatry evaluation, an internal medicine evaluation, gynecological evaluation, and an interferential unit. The claims administrator invoked both the MTUS Chronic Pain Medical Treatment Guidelines and ACOEM in portions of its denial on the interferential unit. The claims administrator based its denial on what it stated were illegible progress notes from the attending provider. The applicant's attorney subsequently appealed. In a September 4, 2014 handwritten chiropractic progress note, the applicant was placed off work, on total temporary disability. An interferential stimulator, lumbar MRI, and additional chiropractic manipulative therapy were sought. It was stated that the applicant had recently been to [REDACTED]. The attending provider also touched upon issues with abdominal pain. The treating provider suggested that the applicant obtain a gynecological evaluation to determine the source of her abdominal discomfort. The treating provider also suggested that the applicant obtain an internal medicine evaluation to evaluate allegations of elevated blood pressure; however, the treating provider did not document the applicant's blood pressure on this visit. The requesting provider, it is incidentally noted, was a chiropractor.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Chiropractic Treatment (unspecified): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 299.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 12, page 299, if Manipulative Treatment does not bring improvement in three to four weeks, it should be stopped and the applicant reevaluated. In this case, the applicant has had earlier unspecified amounts of manipulative therapy over the course of the claim. The applicant has, however, failed to demonstrate any benefit or functional improvement with the same. The applicant remains off of work, on total temporary disability, suggesting that earlier chiropractic manipulative therapy was not altogether successful. Therefore, the request for additional unspecified amounts of Chiropractic Treatment is not medically necessary.

Physical Medicine and Rehabilitation Evaluation: Overturned

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): 306.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 12, page 306, applicants in whom there is no clear indication for surgery who fail to benefit from conservative treatment may benefit from a referral to a physical medicine practitioner. In this case, the applicant does not have any clear indications for lumbar spine surgery. The applicant has, in fact, failed to profit from earlier conservative treatment, including time, medications, observation, and manipulative therapy. Obtaining the added expertise of a physical medicine practitioner may, as suggested by ACOEM, help to resolve the applicant's symptoms. Therefore, the request is medically necessary.

Gynecological Evaluation: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 92.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 5, page 92, a referral may be appropriate if a practitioner is uncomfortable with treating a particular cause of delayed recovery. In this case, the requesting provider, a chiropractor, has stated that he believes

the applicant may have some element of abdominal pain or abdominal discomfort secondary to gynecological issues. Obtaining the added expertise of a gynecologist who is better-equipped to address these issues of abdominal discomfort secondary to gynecological issues is indicated. Therefore, the request is medically necessary.

Interferential (IF) II Unit: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, table 12-8, Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS) Section.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 12, page 300, insufficient evidence exists to determine the effectiveness of Interferential Therapy, a form of electrical stimulation therapy. As with several of the other requests, the attending provider's handwritten commentary did not include any narrative commentary, applicant-specific rationale, or medical evidence which would offset the tepid-to-unfavorable ACOEM position the article at issue. There was, furthermore, no attempt to employ the proposed interferential unit on a trial basis before a request to purchase the same was made. Therefore, the request is not medically necessary.

Internal Medicine Evaluation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chapter 8 Neck and Upper Back Complaints, Chapter 10 Elbow Disorders (Revised 2007), Chapter 11 Forearm, Wrist, and Hand Complaints, Chapter 12 Low Back Complaints, Chapter 13 Knee Complaints, Chapter 14 Ankle and Foot Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 92.

Decision rationale: The requesting provider stated that he intended for the internist to address the applicant's allegations of hypertension. While the MTUS Guideline in ACOEM Chapter 5, page 92 does acknowledge that a referral may be appropriate if a practitioner is uncomfortable with treating a particular cause of delayed recovery, in this case, however, the requesting provider did not measure the applicant's blood pressure on the office visit on which the internal medicine evaluation was sought. The attending provider did not state what has led him to believe that the applicant's blood pressure was elevated. Therefore, the request is not medically necessary.