

Case Number:	CM14-0071226		
Date Assigned:	07/25/2014	Date of Injury:	08/20/2013
Decision Date:	09/19/2014	UR Denial Date:	04/30/2014
Priority:	Standard	Application Received:	05/16/2014

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 Physical Medicine and Rehabilitation 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 injured worker is a 40-year-old right-hand dominant male who sustained work-related injuries on August 20, 2013. Mechanism of injury: fall accident due to ladder giving way which caused him to land on his right hip/pelvis with no reported loss of consciousness or head injury. His prior treatments include 12 physical therapy sessions directed to the hip/pelvis, unknown number of physical therapy sessions to the bilateral shoulders, aquatic therapy, X-rays of the hip, and urine drug screening tests. He has history of ulcerative colitis, left knee surgery performed in 1991, nasal surgery for nasal septal reconstructions performed in 1989, and perianal abscess in 2013. Medical records dated April 22, 2014 note that the injured worker complained of neck pain radiating to the right upper extremity, right shoulder/upper arm pain extending to the elbow with occasional swelling, and low back pain with history of pelvis/sacrum fracture. Cervical spine examination noted tenderness over the paravertebral muscles, right side worse than left, with muscle guarding. Tender myofascial trigger were noted over the right trapezius muscles. Axial compression test elicited increased neck pain radiating to the right shoulder and upper arm. Range of motion was limited in all planes. Thoracic spine examination noted kyphosis. Tenderness was noted over the paravertebral musculature and interscapular region, right side worse than left. Tender myofascial trigger points were noted in the right trapezius muscles. Range of motion was limited. Lumbar spine examination noted tenderness over the paravertebral musculatures, right side worse than left. Tenderness was also noted over the right sacroiliac joint with right gluteal muscles with muscle guarding noted. Straight leg raising test increased low back pain without radicular symptoms, bilaterally. Sacroiliac stress test elicited slight right sacroiliac pain. His range of motion was limited. Right shoulder examination revealed tenderness over the posterior and periscapular muscles as well the anterior capsule and subacromial region. Impingement was slightly positive. Cross arm test elicited posterior

scapular pain. Range of motion was limited. Right elbow examination noted slight tenderness to palpation over the flexor muscle group of proximal forearm. Tinel's sign over the ulnar groove elicited increased pain and sensitivity extending to the mid forearm. Motor testing of the bilateral upper and lower extremities revealed Grade 4/5 muscle weakness of the right shoulder in internal rotation and right elbow in pronation. X-rays of the cervical spine revealed slight retrolisthesis of the C3 on C4 and C4 on C5. Lumbar spine films revealed congenital fusion consistent of lumbarization of the sacrum. He was diagnosed with (a) cervical/trapezial musculoligamentous sprain and strain and right upper extremity radiculitis, rule out disc pathology and stenosis, (b) right shoulder periscapular strain with tendinitis, impingement syndrome, small supraspinatus tendon tear and mild subacromial-subdeltoid bursitis per magnetic resonance imaging scan dated December 16, 2013, (c) right forearm strain and dynamic cubital tunnel syndrome, (d) right wrist pain and mild carpal tunnel syndrome per nerve conduction velocity study dated April 1, 2014, and (e) lumbar musculoligamentous sprain and strain and right sacroiliac joint sprain with history of healed right pelvis and sacral fractures.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Chiropractic manipulation sessions for the low back: 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 & manipulation Page(s): 58-60.

Decision rationale: According to evidence-based guidelines indicate that a trial of six visits over two weeks is warranted and there should be evidence of objective functional improvement before proceeding with the rest of the recommended chiropractic manipulation sessions. Guidelines further state that if manipulation has not resulted in functional improvement in the first one or two weeks, it should be stopped and the patient should be re-evaluated. In this case, the injured worker is noted to be suffering from chronic pain and his diagnoses may benefit from chiropractic treatment. Moreover, he is noted to be undergoing physical therapy and chiropractic manipulations were not initiated. However, only a trial of six sessions can be provided in order to check the efficacy of the requested treatment but the request is 12 chiropractic manipulation sessions which is beyond the recommended number of trial sessions. Therefore, the requested 12 chiropractic sessions to the low back is not medically necessary.

1 Orthostim/interferential unit for the lumbar and right shoulder: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 114-116. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic), BlueCross BlueShield, 2005, (Aetna, 2005).

Decision rationale: The requested Orthostim unit is composed of multi-modality treatments including interferential stimulation, galvanic stimulation, H-wave stimulation, and neuromuscular electrical stimulation devices. The components galvanic stimulation, H-wave stimulation, and neuromuscular electrical stimulation are not supported by evidence-based guidelines as there are no scientific studies available regarding their efficacy for chronic pain. However with regard to the Interferential stimulation component, guidelines indicate that this is not recommended as an isolated intervention and even if it is to be used as a conjunction treatment with work, exercise, and medications, there is limited evidence of improvement on those treatments alone. Guidelines further document that there were trials made for back pain and cervical spine pain but the findings were either negative or non-interpretable for recommendation due to poor study design or methodological issues. But if this treatment is to be proceeded there should be documentation that the clinical presentation of the injured worker meets the Selection Criteria for Interferential stimulation, however, there is no information available ascribing that the injured worker meets the said criteria. Based on these reasons, 1 Orthostim/interferential unit for the lumbar and right shoulder is not medically necessary.