

Case Number:	CM14-0082836		
Date Assigned:	08/08/2014	Date of Injury:	02/19/2014
Decision Date:	09/25/2014	UR Denial Date:	05/08/2014
Priority:	Standard	Application Received:	06/04/2014

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 & Rehabilitation and is licensed to practice in Nevada. 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 records, presented for review, indicate that this 48-year-old individual was reportedly injured on February 19, 2014. The mechanism of injury was noted as repetitive stress type trauma. The most recent progress note, dated April 16, 2014, indicated that there were ongoing complaints of neck pain, shoulder pain, back pain, bilateral upper extremity involvement. The physical examination demonstrated tenderness to palpation of the cervical spine, a positive cervical compression test and a decreased range of motion. There was tenderness involving the bilateral shoulders wrists and hands. Lumbar spine noted tenderness to palpation, muscle spasm and a decreased range of motion. No specific neurological findings were reported. Diagnostic imaging studies were not noted. Previous treatment included physical therapy, chiropractic care, and medications. A request had been made for chiropractic care and was not certified in the pre-authorization process on May 8, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Chiropractic treatment 2 x 5. Date of Service 4/28/14: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-299.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58-59.

Decision rationale: When noting the date of injury, the mechanism of injury, the findings identified in the most recent physical examination and the chiropractic care completed to date, there is no clinical indication that this intervention is any efficacy or utility in terms of ameliorating the symptomatology. As such, when considering the parameters noted in the MTUS, that there be objective occasion of functional improvement, and seeing none there is no medical necessity presented for this request.

Diathermy. Quantity #15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines - Low back chapter, neck and upper back chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 162, 300.

Decision rationale: When noting the date of injury, the injury sustained and response to previous treatment, there is no clinical indication to resume the same unsuccessful interventions. As such, based on the limited clinical rationale presented for review, this request is not medically necessary.

Electrical Muscle Stimulation. Quantity #15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines - Low back chapter, neck and upper back chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 117-118.

Decision rationale: When noting the literature relative to this type of intervention, and noting that there has been chiropractic care to the physical modalities and no significant improvement subsequent to the date of injury through the date of physical examination, there is no clinical indication presented to support this request. No improvement is noted, and the parameters noted in the MTUS do not support such intervention. As such, this is not medically necessary.

Ultrasound . Quantity #15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines - Low back chapter, neck and upper back chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 162, 300.

Decision rationale: When noting the date of injury, the injury sustained and response to previous treatment, there is no clinical indication to resume the same unsuccessful interventions. As such, based on the limited clinical rationale presented for review, this request is not medically necessary.

Menthoderm gel 240 GM: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111. Decision based on Non-MTUS Citation www.drugs.com/cdi/mentoderm-crem.html.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 105.

Decision rationale: This is a topical analgesic whose active ingredient is methyl salicylate and menthol. There is some support of the guidelines for methyl salicylate in placebo for chronic pain; however, there is no evidence-based recommendation to support menthol. Furthermore, when going to the progress notes, there is no indication that this particular preparation has any efficacy or utility. Therefore, there is no clinical indication to continue this otherwise failed intervention. Therefore, the request for Mentoderm gel 240gm is not medically necessary and appropriate.

Massage. Quantity #15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines - Low back chapter, neck and upper back chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 60.

Decision rationale: When noting the date of injury, the injury sustained, and response to previous treatment, there is no clinical indication to perform additional physical modalities. As outlined in the MTUS, massage therapy is as an adjunct to other modalities. Seeing no improvement, there is no clinical indication to continue this intervention. Therefore, the request for massage, quantity #15 is not medically necessary and appropriate.

X- ray of Bilateral Shoulders: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 208.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207.

Decision rationale: When noting the date of injury, the reported mechanism of injury, and the findings on physical examination, there is no clear clinical data presented to support the need for plain films of the bilateral shoulders. This is a comprehensive clinical assessment demonstrating a suspicion of internal intra-articular pathology. There would be no reason to conduct the studies. Therefore, based on the progress notes presented for review, this is not medically necessary.

X-ray of Cervical spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - neck and upper back chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) cervical and thoracic spine disorders (electronically cited).

Decision rationale: When noting the reported mechanism of injury, and the findings on physical examination, there is no evidence to suggest that there are significant osseous abnormalities of the cervical spine that require this level of imaging. Therefore, based on the data presented, the medical necessity for this imaging study is not necessary and appropriate.

X-ray of Thoracic spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304. Decision based on Non-MTUS Citation Official Disability Guidelines- low back chapter American Medical Association- 5th edition. pages 382-383.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) cervical and thoracic spine disorders (electronically cited).

Decision rationale: When noting the reported mechanism of injury and the findings on physical examination, there is no evidence to suggest that there is significant osseous abnormalities of the cervical spine that require this level of imaging. Therefore, the request for x-ray of thoracic spine is not medically necessary and appropriate.

MRI of bilateral knees: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines - Knee and Leg chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

Decision rationale: When noting the date of injury, the mechanism of injury, the lack of any specific pathology objectified physical examination, there is no clear clinical reason presented why a bilateral knee MRI study would be necessary. Therefore, the request for MRI of bilateral knees is not medically necessary and appropriate.

MRI of lumbar spine: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

Decision rationale: When noting the date of injury, the amount of pain still complained about, and the findings on physical examination, there is a clinical indication to support it has imaging studies of the lumbar spine. Therefore, the request for MRI of lumbar spine is medically necessary and appropriate.