

Case Number:	CM14-0088437		
Date Assigned:	07/23/2014	Date of Injury:	02/28/2013
Decision Date:	08/29/2014	UR Denial Date:	05/14/2014
Priority:	Standard	Application Received:	06/12/2014

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 52-year-old male who reported an injury on 02/28/2013. The mechanism of injury was noted to be a fall. His diagnoses were noted to be cervical spine degenerative joint disease; cervical spine sprain/strain with radicular complaints; and lumbar spine degenerative joint disease. Prior treatments were noted to be physical therapy, acupuncture and epidural steroid injections. Pertinent diagnostics include MRI of the lumbar spine, and EMG/NCV of the bilateral lower extremities. According to an examination on 03/28/2014, the injured worker had subjective complaints of pain in his neck and low back rated a 7 out of 10. He stated the pain from his neck occasionally radiated into his arms. He also mentioned the pain in his low back traveled into both of his legs at times. The radicular pain often comes with activity. The objective physical examination findings were noted to be tenderness to palpation with myospasms in the cervical spine region with limited range of motion. There was guarding upon examination. Upon examination of the lumbar spine there was limited range of motion and tenderness to palpation and myospasms noted. The injured worker's medications were noted to be cyclobenzaprine and Naproxen. The treatment plan was for chiropractic therapy, and H-wave therapy. The provider's rationale for the request was provided within the clinical evaluation. A Request for Authorization form for medical treatment was not provided with the documentation submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic Therapy, 2 times per week for 4 weeks to the cervical and lumbar spine:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and manipulation Page(s): 58.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58-60.

Decision rationale: The California Chronic Pain Medical Treatment Guidelines recommend manual therapy and manipulation for chronic pain if caused by musculoskeletal conditions. Manual therapy is widely used in the treatment of musculoskeletal pain. The intended goal or effective manual medicine is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. Manipulation is manual therapy that moves a joint beyond the physiologic range of motion but not beyond the anatomic range of motion. Manual therapy and manipulation are recommended as an option for therapeutic care of low back pain. A trial of 6 visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6 to 8 weeks. The injured worker has complaints of low back pain. The guidelines recommend manual therapy and manipulation for low back pain. However, the guidelines do not address cervical spine manipulation. The guidelines allow a trial of 6 visits over 2 weeks. The providers request is for a total of 8 visits. Therefore, the request for chiropractic therapy, 2 times per week for 4 weeks to the cervical and lumbar spine exceeds the guidelines and is non-certified.

H-Wave machine rental x 30 days, to the cervical and lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-Wave Stimulation.

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

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines do not recommend H-wave stimulation as an isolated intervention, but a 1 month home based trial of H-wave stimulation may be considered as a non-invasive conservative option for diabetic neuropathic pain or chronic soft tissue inflammation if used as an adjunct to a program of evidence based functional restoration, and only following failure of initially recommended conservative care, including recommended physical therapy and medications, plus transcutaneous electrical nerve stimulation. The documentation submitted for review does not indicate diabetic neuropathic pain. It does not indicate a program of evidence based functional restoration to accompany an H-wave trial. The documentation does not indicate failed conservative care including physical therapy, medications and a transcutaneous electrical nerve stimulation program. Therefore, the request for H-wave machine rental times 30 days to the cervical and lumbar spine is non-certified.

