

Case Number:	CM14-0217258		
Date Assigned:	01/07/2015	Date of Injury:	04/04/2000
Decision Date:	04/02/2015	UR Denial Date:	12/08/2014
Priority:	Standard	Application Received:	12/29/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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] beneficiary who has filed a claim for chronic low back and knee pain reportedly associated with an industrial injury of April 4, 2000. In a Utilization Review Report dated December 8, 2014, the claims administrator failed to approve a request for chiropractic manipulative therapy and electrical muscle stimulation. A November 24, 2014 progress note and an associated RFA form were referenced in its determination. The applicant's attorney subsequently appealed. On November 24, 2014, the applicant reported ongoing complaints of low back and knee pain with superimposed issues of myofascial pain syndrome. The note comprised almost entirely of preprinted checkboxes, with little to no narrative commentary. Myofascial release therapy, chiropractic manipulative therapy, electrical muscle stimulation, physical therapy, and several other modalities were proposed. The applicant was described as no longer working and had reportedly "retired" owing to ongoing pain complaints. The applicant stated that he was receiving manipulative therapy approximately once every two weeks. The applicant had previously imposed permanent work limitations. The attending provider noted that the applicant was using Synthroid, Flomax, finasteride, Zetia, vitamins, aspirin, Qvar, and albuterol.

IMR ISSUES, DECISIONS AND RATIONALES

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

CMT 3-4 Areas 2x3: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page 59-60 of 127.

Decision rationale: No, the request for six sessions of chiropractic manipulative therapy (CMT) was not medically necessary, medically appropriate, or indicated here. While pages 59 and 60 of the MTUS Chronic Pain Medical Treatment Guidelines support up to 24 sessions of chiropractic manipulative therapy in applicants who demonstrate treatment success by achieving and/or maintaining successful return to work status, in this case, however, the applicant was/is off of work. Permanent work restrictions remained in place, seemingly unchanged from visit to visit, despite receipt of earlier unspecified amounts of manipulative therapy over the course of the claim, including what appears to be twice monthly manipulative therapy. Therefore, the request for six sessions of chiropractic manipulative therapy was not medically necessary.

EMS 2x3: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Neuromuscular electrical stimulation (NMES devices) Page(s): Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page 121 of 127.

Decision rationale: Similarly, the request for electrical muscle stimulation (EMS), a form of neuromuscular electrical stimulation (NMES) was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 121 of the MTUS Chronic Pain Medical Treatment Guidelines, neuromuscular electrical stimulation (NMES) is not recommended in the chronic pain context present here, but, rather, should be reserved for post-op rehabilitative context. Here, there is no mention of the applicant having previously sustained a stroke. No rationale for selection of this particular modality in the case of the unfavorable MTUS position on the same was furnished. Page 98 of the MTUS Chronic Pain Medical Treatment Guidelines, furthermore, stipulates that passive modalities, as a group, should be employed "sparingly" during the chronic pain phase of a claim. Here, the concurrent request for manipulation and electrical muscle stimulation, thus, are at odds with page 98 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.