

Case Number:	CM15-0003637		
Date Assigned:	01/14/2015	Date of Injury:	03/03/2014
Decision Date:	03/10/2015	UR Denial Date:	12/22/2014
Priority:	Standard	Application Received:	01/07/2015

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: California
 Certification(s)/Specialty: Emergency 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:

This 50 year old female suffered an industrial injury on 3/3/14 with subsequent ongoing neck shoulder and upper back pain. Treatment included physical therapy, chiropractic therapy, acupuncture and medications. Documentation failed to disclose the frequency and duration of previous therapy. EMG/NCV (8/25/14) showed L5-S1 radiculopathy. X-rays of the right shoulder (1/13/15) showed an inferior projection osteophyte from the lateral border of the acromion without evidence of fracture, dislocation or bony abnormality. X-rays of the cervical spine (1/13/14) showed intervertebral disc space narrowing at C5-6 and C6-7 and foraminal stenosis at multiple levels. In an orthopedic evaluation dated 12/1/14, the injured worker complained of pain to the right shoulder and lumbar spine 9/10 on the visual analog scale. The injured worker reported that acupuncture, chiropractic care and physical therapy had been beneficial. Physical exam was remarkable for positive Neer's, cross over impingement, Apley's and Hawkins tests for the right shoulder with 75 range of motion. Exam of the lumbar spine showed decreased range of motion with positive toe heel walk and paraspinal tenderness. The injured worker had upright posture and a non-antalgic gait. Current diagnoses included L5-S1 disc bulge, L4-5 facet arthropathy, left L5-S1 radiculopathy, right adhesive capsulitis, right subacromial bursitis, right shoulder impingement syndrome and right acromial disorder. On 12/22/14, Utilization Review noncertified requests for additional chiropractic, twice weekly, lumbar spine, right shoulder and right arm, additional acupuncture, twice weekly, lumbar spine, right shoulder and right arm and lumbar spine brace citing lack of documentation of functional improvement from previous treatments and CA MTUS guidelines. Utilization Review issued a

modified certification for a request for a 5 month rental of a TENS unit to a one month TENS unit rental citing CA MTUS guidelines. As a result of the UR denial, an IMR was filed with the Division of Workers Comp.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Chiropractic Therapy Twice Weekly for 6 Weeks, Lumbar Spine, Right Shoulder and Right Arm: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CA MTUS Chronic Pain Treatment Guidelines, Manual Therapy and Manipulation, Pages 58-59 Page(s).

Decision rationale: The requested additional chiropractic is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Manual Therapy and Manipulation, Pages 58-59, recommend continued chiropractic therapy with documented objective evidence of derived functional benefit. The injured worker has pain to the right shoulder and lumbar pain. The treating physician has documented right shoulder positive impingement signs, decreased lumbar range of motion with paraspinal tenderness. The treating physician has not documented objective evidence of derived functional benefit from completed chiropractic sessions, such as improvements in activities of daily living, reduced work restrictions or reduced medical treatment dependence. The criteria noted above not having been met, additional chiropractic is not medically necessary.

Additional Acupuncture Therapy Twice Weekly for 6 Weeks, Lumbar Spine, Right Shoulder and Right Arm: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The requested additional acupuncture is not medically necessary. CA MTUS Acupuncture Guidelines recommend note that in general acupuncture may be used as an adjunct to physical rehabilitation. The injured worker has pain to the right shoulder and lumbar pain. The treating physician has documented right shoulder positive impingement signs, decreased lumbar range of motion with paraspinal tenderness. The treating physician has not documented objective evidence of derived functional benefit from completed acupuncture sessions, such as improvements in activities of daily living, reduced work restrictions or reduced medical treatment dependence. The criteria noted above not having been met, additional acupuncture is not medically necessary. The requested additional acupuncture is not medically necessary.

LS Brace: 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 ACOEM Chapter 12 Low Back Complaints Page(s): Page 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic (Acute & Chronic), Lumbar Supports

Decision rationale: The requested additional acupuncture is not medically necessary. CA MTUS Acupuncture Guidelines recommend note that in general acupuncture may be used as an adjunct to physical rehabilitation. The injured worker has pain to the right shoulder and lumbar pain. The treating physician has documented right shoulder positive impingement signs, decreased lumbar range of motion with paraspinal tenderness. The treating physician has not documented objective evidence of derived functional benefit from completed acupuncture sessions, such as improvements in activities of daily living, reduced work restrictions or reduced medical treatment dependence. The criteria noted above not having been met, additional acupuncture is not medically necessary. The requested additional acupuncture is not medically necessary.

5 Month Rental TENS Unit: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, TENS, chronic,(transcutaneous electrical nerve sti.

Decision rationale: The requested 5 month TENS unit rental is not medically necessary. Chronic Pain Medical Treatment Guidelines, TENS, chronic, (transcutaneous electrical nerve stimulation), pages 114 - 116, note Not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration. The injured worker has pain to the right shoulder and lumbar pain. The treating physician has documented right shoulder positive impingement signs, decreased lumbar range of motion with paraspinal tenderness. The treating physician has not documented a current rehabilitation program, or functional benefit from electrical stimulation under the supervision of a licensed physical therapist nor from home use. The criteria noted above not having been met, 5 month TENS unit rental is not medically necessary.