

Case Number:	CM15-0006404		
Date Assigned:	01/26/2015	Date of Injury:	09/22/2014
Decision Date:	03/19/2015	UR Denial Date:	01/02/2015
Priority:	Standard	Application Received:	01/12/2015

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: Physical Medicine & Rehabilitation

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 54-year-old male who reported an injury on 09/22/2014 which involved the cervical spine, lumbar spine, left elbow, left wrist/hand, and bilateral shoulders. Initial examination identified tenderness to palpation, muscle guarding, spasms, positive straight leg raise bilaterally, positive sacroiliac stress test bilaterally, and decreased range of motion in the lumbar spine. The injured worker also had tenderness over the left subacromial region, left acromioclavicular region, and bilateral posterior muscles, positive impingement on the left, and decreased range of motion. He was provided with 6 sessions of chiropractic treatments as of 01/2015. The injured worker underwent an MRI of the lumbar spine on 01/15/2015 which identified mild loss of disc signal with 1 mm disc bulge without canal or foraminal stenosis at L2-3, with mild loss of disc signal with a 3 mm to 4 mm diffuse bulging of the annulus in combination with mild facet hypertrophy without canal or foraminal stenosis at the L3-4 level. Additionally, there was mild loss of signal height with a 2 mm diffuse bulging of the annulus at the L4-5 level with a left foraminal partial annular tear in combination with mild facet hypertrophy which slightly narrowed the inferior aspect of the neural foramen without nerve root impingement. There was no central canal stenosis identified. Lastly, at the L5-S1, there was no disc degeneration bulge/protrusion, canal or foraminal stenosis. There was a small syrinx or focal area of cystic encephalomalacia within the central portion of the cord at T11 suggesting the T spine MRI for complete evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic treatment 12 visits for cervical spine, lumbar spine and bilateral shoulders:

Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation.

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

Decision rationale: Under the California MTUS Guidelines, for ongoing therapy utilizing chiropractic treatments, the injured worker must have documentation of functional improvement from the previous initial 6 sessions which were approved in 12/2014. However, as there was no additional documentation stating that the injured worker had significant improvement in his functional ability and decreased symptoms, ongoing therapy cannot be warranted and is not medically necessary.

H-Wave Unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-Wave stimulation (HWT).

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

Decision rationale: Under the California MTUS Guidelines, use of an H wave stimulation device is not recommended as an isolated intervention and with the physician failing to indicate a frequency and duration of use for the injured worker to utilize H wave stimulation device, the request cannot be supported and is not medically necessary.