

Case Number:	CM15-0006821		
Date Assigned:	01/22/2015	Date of Injury:	12/13/2013
Decision Date:	03/18/2015	UR Denial Date:	12/22/2014
Priority:	Standard	Application Received:	01/13/2015

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: Family Practice

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 35-year-old purchasing/stockroom worker reported low back and neck injuries after lifting a 75-lb box on 12/13/13. His diagnoses include cervical and lumbar strain. Treatment to date has included oral and topical medications, and multiple chiropractic visits. The available clinical records are somewhat scanty, and contain an extensive initial evaluation dated 10/16/14 and parts of an undated follow-up report from the current primary treater. The 10/16/14 report documents that the patient had a motor vehicle accident on 7/10/14 which slightly worsened his neck and back pain, and that he had received 24 chiropractic treatment sessions since the time of the accident. On 10/16/14, he continued to have complaints of neck and back pain, with exam findings of tenderness and decreased range of motion. No clear radicular findings were noted. Work status was temporarily totally disabled for 6 weeks. The undated fragment (which appears to be from 12/5/14) notes that the patient's pain level has improved slightly (from 7-5.5/10). The patient notes that he has less muscle tension and increased mobility as a result of his chiropractic sessions. No physical findings are documented except for three blood pressure readings (157/101 on 10/16/14, 162/95 on 11/5/14, and 158/97 on 12/4/14). The plan includes requesting additional chiropractic sessions, a referral to an internist for high blood pressure, and a request for an interferential unit (IF) unit. The records contain work status reports which state that the patient was at temporary total disability status for 6 weeks on 11/5/14 and 12/5/14. On 12/22/14, the requests for referral to an internal medicine specialist, for a one-month rental of an IF unit, and for 6 additional visits of chiropractic treatment were non-certified. ODG was cited for the referral non-certification, and MTUS Chronic Pain guidelines were cited for the chiropractic and

IF non-certifications. The 12/22/14 UR report states that the patient has had 36 documented chiropractic visits since 7/10/14. The records available to me do not contain documentation beyond the 24 visits mentioned above.

IMR ISSUES, DECISIONS AND RATIONALES

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

Consultation-Internal Medicine: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Up to Date, an online evidence-based review service for medical practitioners (www.uptodate.com), Overview of Hypertension in Adults

Decision rationale: The Up to Date reference cited above states that hypertension is defined as a systolic blood pressure at or above 140 and/or a diastolic blood pressure at or above 90, based on measurements obtained at three or more office visits. Once the diagnosis is made, the patient should be evaluated to determine the extent of end-organ damage, to assess other cardiovascular risk factors, to identify contributing lifestyle factors and substances. Treatment should be provided for patients younger than 60 who have persistently elevated blood pressures as defined above. The clinical records in this case support the diagnosis of hypertension in this patient, and support referral for evaluation and management of hypertension. There is no reason the referral should be with a cardiologist, or that the primary treater, who is a orthopedist, should manage the evaluation and treatment himself, as suggested by the UR reviewer. Referral to an internal medicine specialist is entirely appropriate. Issues of industrial causation may apply, but these should be addressed by the claims adjuster rather than by utilization review. According to the evidence-based citation above and to the clinical records provided for my review, referral for internal medicine consultation IS appropriate because it appears that the patient has untreated hypertension which should be evaluated and treated.

IF Unit for rental 1 month trial: 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, Interferential Current Stimulator (ICS), pages 118-120 Page(s).

Decision rationale: According to the MTUS guideline above, IF units are not recommended as an isolated intervention. There is no quality evidence of effectiveness except in conjunction with recommended treatments, including return to work, exercise and medications, and limited evidence of improvement on those recommended treatments alone. While not recommended as an isolated intervention, Patient selection criteria if Interferential stimulation is to be used anyway: Possibly appropriate for the following conditions if it has documented and proven to be

effective as directed or applied by the physician or a provider licensed to provide physical medicine:- Pain is ineffectively controlled due to diminished effectiveness of medications; or- Pain is ineffectively controlled with medications due to side effects; or- History of substance abuse; or- Significant pain from postoperative conditions limits the ability to perform exercise programs/physical therapy treatment; or- Unresponsive to conservative measures (e.g., repositioning, heat/ice, etc.). If those criteria are met, then a one-month trial may be appropriate to permit the physician and physical medicine provider to study the effects and benefits. There should be evidence of increased functional improvement; less reported pain and evidence of medication reduction. A jacket should not be certified until after the one-month trial and only with documentation that the individual cannot apply the stimulation pads alone or with the help of another available person. The clinical findings in this case do not support the provision of an IF unit to this patient. He is not working, and there is no evidence that he is involved in an exercise program. There is no documentation that he has been unresponsive to medications or to conservative measures. Based on the MTUS citation above and on the clinical documentation provided for my review, provision of an IF unit and supplies to this patient is not medically necessary. It is not necessary because the patient is not working, because he is not engaged in an exercise program, and because he has not been documented as unresponsive to medications or to conservative measures.

Chiropractic 2x3 cervical/lumbar: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58-59 118-120.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Introduction, page 9; Manual therapy and manipulation, page 58-59.

Decision rationale: According to the first citation above, all therapies are focused on the goal of functional restoration rather than merely the elimination of pain, and assessment of treatment efficacy is accomplished by reporting functional improvement. The manual manipulation citation states that manual therapy is recommended for chronic pain if caused by musculoskeletal conditions. It is recommended as an option for the low back, and should involve a trial of 6 visits over 2 weeks, with evidence of objective functional improvement, and a total of up to 18 visits over 6-8 weeks. Maximum duration of manual therapy should be eight weeks. It may be extended beyond 8 weeks for specific chronic pain patient's in which it is helpful in increasing function, decreasing pain and improving quality of life. The clinical documentation in this case does not support the provision of an additional 6 chiropractic therapy sessions to this patient. He has already had 36 sessions which have extended well beyond 8 weeks, and which have resulted in no functional recovery. He remains totally disabled, which implies inability to perform even very light sedentary work. Statements that the patient and provider make about increased mobility and decreased pain notwithstanding, it is clear that the patient has achieved essentially no functional recovery, and that there is no reason to continue this ineffective treatment. Based on the MTUS citations above and on the clinical records provided for my review, 6 chiropractic treatment sessions (2x3) for the back and neck are not medically necessary. They are not medically necessary because despite extending well beyond the recommended number of

sessions and time of treatment, they have produced absolutely no functional recovery in this patient.