

Case Number:	CM15-0135992		
Date Assigned:	07/24/2015	Date of Injury:	02/17/2014
Decision Date:	08/20/2015	UR Denial Date:	06/22/2015
Priority:	Standard	Application Received:	07/14/2015

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: Texas, Florida, 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 injured worker is a 46 year old male, who sustained an industrial injury on 2/17/14. The injured worker has complaints of pain in the upper and lower back and right knee and weakness in the right hand. Cervical spine examination reveals tenderness predominantly over the right paracervical musculature and thoracic spine is positive for diffuse tenderness with not associated spasm. Lumbosacral spine palpation reveals tenderness noted over the para lumbar musculature and straight leg raising is positive on the right. The bilateral shoulder reveal tenderness noted over the posterior aspect of the joint. The diagnoses have included sprain/strain, cervical spine; sprain/strain, thoracic spine and sprain/strain, lumbar spine, with disc herniation at L5-S1 (sacroiliac). Treatment to date has included interferential 4 unit; medications; chiropractic treatments and magnetic resonance imaging (MRI) of the right shoulder on 2/6/15 showed synovial plica, supraspinatus tendinosis with focal increased signal intensity along the articular surface may represent a tear. The request was for 4 chiropractic treatments with evaluation to the neck, upper back, low back, and right shoulder and supervised exercises for the right knee; 1 interferential 4 unit and 8 therapeutic activities to the neck, upper and lower back, right shoulder and right knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

4 chiropractic treatments with evaluation to the neck, upper back, low back, and right shoulder and supervised exercises for the right knee: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back (Acute & Chronic), Manipulation; Shoulder (Acute & Chronic), Manipulation (shoulder).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58 of 127.

Decision rationale: The claimant was injured in February 2014 with pain in the upper and lower back and right knee and weakness in the right hand. The diagnoses were a cervical and thoracic spine sprain/strain, and a disc herniation at L5-S1. Treatment to date had included interferential 4 unit; medications; and chiropractic treatments. Functional objective outcomes out of these treatments is not noted. Regarding chiropractic care, the MTUS stipulates that the intended goal of this form of care 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. It notes for that elective and maintenance care, such as has been used for many years now in this case, is not medically necessary. The guides further note that treatment beyond 4-6 visits should be documented with objective improvement in function. Further, in Chapter 5 of ACOEM, it speaks to leading the patient to independence from the healthcare system, and self-care. It notes that over treatment often results in irreparable harm to the patient's socioeconomic status, home life, personal relationships, and quality of life in general. The patient and clinician should remain focused on the ultimate goal of rehabilitation leading to optimal functional recovery, decreased healthcare utilization, and maximal self-actualization. Objective, functional improvement out of past rehabilitative efforts is not known. The request was appropriately non-certified.

1 IF 4 unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 116. Decision based on Non-MTUS Citation ODG Low Back, under Interferential Stimulators.

Decision rationale: As shared previously, this claimant was injured in February 2014 with pain in the upper and lower back and right knee and weakness in the right hand. The diagnoses were a cervical and thoracic spine sprain/strain, and a disc herniation at L5-S1. Treatment to date has included interferential 4 unit; medications; and chiropractic treatments. The MTUS notes that electrical stimulators like interferential units are not recommended as a primary treatment modality, but a one-month home-based trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration, for the conditions described below. Neuropathic pain: Some evidence (Chong, 2003), including diabetic neuropathy (Spruce, 2002) and post-herpetic neuralgia. (Niv, 2005) Phantom limb pain and

CRPS II: Some evidence to support use. (Finsen, 1988) (Lundeberg, 1985) Spasticity: may be a supplement to medical treatment in the management of spasticity in spinal cord injury. (Aydin, 2005) Multiple sclerosis (MS): While electrical stimulators do not appear to be effective in reducing spasticity in MS patients it may be useful in treating MS patients with pain and muscle spasm. (Miller, 2007) Further, regarding interferential stimulators for the low back, the ODG notes: Not generally recommended. The randomized trials that have evaluated the effectiveness of this treatment have included studies for back pain, jaw pain, soft tissue shoulder pain, cervical neck pain and post-operative knee pain. The findings from these trials were either negative or non-interpretable for recommendation due to poor study design and/or methodologic issues. Interferential current works in a similar fashion as TENS, but at a substantially higher frequency (4000-4200 Hz). See the Pain Chapter for more information and references. See also Sympathetic therapy. In this case, the stimulator is not generally recommended due to negative efficacy studies, and the claimant does not have conditions for which electrical stimulation therapies might be beneficial. The request is appropriately non-certified.

8 therapeutic activities to the neck, upper and lower back, right shoulder and right knee:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine; Physical Therapy (PT).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98 of 127.

Decision rationale: As shared, the claimant was injured in February 2014 with pain in the upper and lower back and right knee and weakness in the right hand. The diagnoses were a cervical and thoracic spine sprain/strain, and a disc herniation at L5-S1. Treatment to date has included interferential 4 unit; medications; and chiropractic treatments. The MTUS does permit physical therapy in chronic situations, noting that one should allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. The conditions mentioned are Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks; Neuralgia, neuritis, and radiculitis, unspecified (ICD9 729.2) 8-10 visits over 4 weeks; and Reflex sympathetic dystrophy (CRPS) (ICD9 337.2): 24 visits over 16 weeks. This claimant does not have these conditions. And, after several documented sessions of therapy, it is not clear why the patient would not be independent with self-care at this point. Also, there are especially strong caveats in the MTUS/ACOEM guidelines against over treatment in the chronic situation supporting the clinical notion that the move to independence and an active, independent home program is clinically in the best interest of the patient. They cite: "Although mistreating or under treating pain is of concern, an even greater risk for the physician is over treating the chronic pain patient." Over treatment often results in irreparable harm to the patient's socioeconomic status, home life, personal relationships, and quality of life in general. "A patient's complaints of pain should be acknowledged. Patient and clinician should remain focused on the ultimate goal of rehabilitation leading to optimal functional recovery, decreased healthcare utilization, and maximal self actualization." This request for more skilled, monitored therapy was appropriately non-certified.