

Case Number:	CM15-0161378		
Date Assigned:	08/27/2015	Date of Injury:	05/14/2015
Decision Date:	10/02/2015	UR Denial Date:	08/07/2015
Priority:	Standard	Application Received:	08/17/2015

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, 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] employee who has filed a claim for chronic neck pain reportedly associated with an industrial injury of May 14, 2015. In a Utilization Review report dated August 7, 2015, the claims administrator partially approved a request for eight sessions of manipulative therapy as six sessions of the same while denying an interferential stimulator device outright. The claims administrator referenced an RFA form received on August 3, 2015 and an associated progress note of July 28, 2015 in its determination. The applicant's attorney subsequently appealed. On July 28, 2015, the applicant transferred care to a new primary treating provider reporting complaints of neck and upper extremity pain reportedly attributed to cumulative trauma at work. The applicant had received 10 sessions of physical therapy through another provider, it was reported. The applicant was given a rather proscriptive 5-pound lifting limitation. Somewhat incongruously, the attending provider also noted that the applicant was also alleging neck pain secondary to a specific injury. The applicant was both diabetic and hypertensive, it was acknowledged. Manipulative therapy and an interferential stimulator device were seemingly endorsed. Toward to the top of the note, the attending provider suggested that the applicant's employer was able to accommodate work restrictions currently in place.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 Chiropractic Treatments for Cervical and Thoracic: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulations.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173; 181.

Decision rationale: Yes, the request for eight sessions of chiropractic manipulative therapy for the cervical and thoracic spine was medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 8, Table 8-8, page 181, manipulation for neck pain is deemed optional early in neck care alone. As noted in the MTUS Guideline in ACOEM Chapter 8, page 173, it is reasonable to incorporate manipulative therapy within the context of functional restoration rather than for pain control purposes alone. Here, the attending provider's July 28, 2015 progress note did seemingly suggest that the applicant was working and, thus, by implication, intent on employing the proposed eight sessions of manipulative therapy in conjunction with a functional restoration program. Therefore, the request was medically necessary.

Home IF Unit: 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 8 Neck and Upper Back Complaints Page(s): 181; 174.

Decision rationale: Conversely, the request for a home interferential stimulator device was not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 8, Table 8-8, page 181, transcutaneous electrical nerve stimulation, of which the interferential stimulator device in question is a subset, is deemed not recommended. While the MTUS Guideline in ACOEM Chapter 8, page 174 does qualify the overall negative ACOEM position on passive modalities such as interferential stimulation/TENS therapy by noting that such palliative tools may be employed on a trial basis, but should be monitored closely, here, however, the attending provider seemingly sought authorization to purchase the interferential stimulator device without having the applicant first undergo a trial of the same. Provision of the same, thus, was at odds with the MTUS Guideline(s) in ACOEM Chapter 8, pages 174 and 181. Therefore, the request was not medically necessary.