

Case Number:	CM15-0165799		
Date Assigned:	09/03/2015	Date of Injury:	09/05/2009
Decision Date:	10/08/2015	UR Denial Date:	08/14/2015
Priority:	Standard	Application Received:	08/24/2015

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, Hawaii
 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 45 year old male, who sustained an industrial injury on 9-5-09. He has reported initial complaints of pain in the neck, mid-back, right shoulder and chest after an altercation and physically restraining several individuals. He also developed headaches and stress issues. The diagnoses have included cervical strain and sprain, thoracic strain and sprain, lumbar sprain and strain, joint pain shoulder, rotator cuff tear, anxiety and sleeping difficulty. Treatment to date has included medications, activity modifications, diagnostics, physical therapy, home exercise program (HEP) and other modalities. Currently, as per the physician progress note dated 7-28-15, the injured worker complains of mid back spasms, aches, soreness and ribs popping in and out. The diagnostic testing that was performed included Magnetic Resonance Imaging (MRI) of the thoracic spine dated 7-18-15 that reveals exaggerated kyphosis and mild diffuse endplate degenerative changes. The objective findings-physical exam reveals that the thoracic-lumbar spine has tenderness to palpation with muscle guarding and hyperkyphosis. The cervical spine has tenderness to palpation with muscle guarding in the bilateral trapezii. Cervical flexion is 40 degrees, extension to 46 degrees, left side bending and right side bending 28 degrees, left rotation to 66 degrees and right rotation to 68 degrees. The cervical compression test and cervical distraction tests are positive. The submitted record was difficult to decipher. The physician requested treatments included Interferential unit and Chiropractic care with myofascial release; two (2) per week for four (4) weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Interferential unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy.

Decision rationale: The patient presents with mid-back spasms, aches, soreness, and ribs popping in and out. The current request is for Interferential unit. The treating physician states, in a report dated 07/28/15 "Interferential". (33B) There is no other information provided explaining the medical necessity of the current request. The MTUS Guidelines do not recommend interferential current stimulation (ICS). MTUS goes on to say that if the decision is made to use ICS, the criteria should be utilized after effectiveness is proven by a physician or licensed provider of physical medicine when chronic pain is ineffectively controlled with medications, history of substance abuse or from significant post-operative conditions. In this case, the treating physician has not provided any information to indicate that a trial of interferential current stimulation is warranted or a purchase of an ICS unit and MTUS does not support this modality. The current request is not medically necessary.

Chiropractic care with myofascial release; two (2) per week for four (4) weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation.

Decision rationale: The patient presents with mid-back spasms, aches, soreness, and ribs popping in and out. The current request is for chiropractic care with myofascial release; 2 per week for 4 weeks. The treating physician states, in a report dated 07/28/15, "Chiropractic care with myofascial release; 2 per week for 4 weeks". (33B) The MTUS guidelines support initial chiropractic treatment of 6 visits and with functional improvement up to 18 visits. The UR decision letter dated 08/14/15 states, "As such, the request is modified to certify six initial chiropractic treatments. With objective evidence of functional improvement, additional chiropractic treatment can be considered". (10A) In this case, the patient has been authorized for 6 sessions and MTUS does not support an 8 visit trial. The current request is not medically necessary.