

Case Number:	CM14-0146131		
Date Assigned:	09/12/2014	Date of Injury:	11/22/1999
Decision Date:	10/14/2014	UR Denial Date:	08/23/2014
Priority:	Standard	Application Received:	09/09/2014

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. The expert reviewer is Board Certified in Pulmonary Diseases, and is licensed to practice in California, Florida, and New York. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 74-year-old female who reported a work related injury on 11/22/1999. The mechanism of injury was not provided for review. The injured worker's diagnoses consist of neck pain, headache, and low back pain. The injured worker's past treatment has included physiotherapy with ultrasound and sinewave, and 2 spinal manipulation sessions. Diagnostic tests and surgical history were not provided for review. A progress report dated 08/04/2014 included findings from physical therapy sessions on 07/09/2014 and 07/30/2014. The subjective findings included cervicogenic pain associated with headaches, as well as slight low back pain. Objective included neck muscle tenderness, with trigger point and rigidity, as well as a decrease in range of motion. Within the span of time that the services were rendered, there was no change in subjective or objective findings. The provider noted that the injured worker responded well to care for the flare ups. The injured worker's medication list was not submitted for review. The treatment plan was not submitted for review. The rationale for the request was neck pain, headache, and low back pain. The Request for Authorization review form was submitted for review on 09/10/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

2 Spinal manipulation sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MANUAL THERAPY & MANIPULATION Page(s): 58-59.

Decision rationale: The request for 2 Spinal manipulation sessions (DOS: 7/9/2014 and 7/30/2014) is not medically necessary. The California MTUS Guidelines recommend manual manipulation for chronic pain if pain is caused by musculoskeletal conditions to achieve objective measurable gains in functional improvement and facilitate progression in the injured worker's therapeutic exercise program. When appropriate, the Guidelines recommend a trial of 6 visits over 2 weeks for the low back. For flare-ups, 1-2 visits every 4-6 months is supported if return to work is achieved. If manual manipulation is warranted, there should be some outward signs of objective and subjective improvement within the first visits. It is noted within the documentation that the injured worker's flare ups responded well to care and that she had previously completed 13 visits. However, there was documentation indicating minimal and temporary pain relief, as well as a lack of documented findings indicating measurable and long lasting gains in functional improvement to warrant the necessity of additional manual therapy beyond the already completed 13 sessions. As such, the request for 2 Spinal manipulation sessions (DOS: 7/9/2014 and 7/30/2014) is not medically necessary.

2 Physiotherapy/ultrasound/sinewave 5 min: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physiotherapy. Decision based on Non-MTUS Citation ODG (Official Disability Guidelines); Neck and Upper Back Pain (Acute & Chronic)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine, page(s) 98-99; Ultrasound, therapeutic, page(s) 123; Neuromuscular electrical.

Decision rationale: The request for 2 Physiotherapy/ultrasound/sinewave 5 min (DOS: 7/9/2014 and 7/30/2014) is not medically necessary. The California MTUS states passive therapy includes treatment modalities that do not require energy expenditure on the part of the patient and can be provided for short term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation, and swelling and to improve the rate of the healing of soft tissue. The guidelines do not recommend the use of neuromuscular electrical stimulation or therapeutic ultrasound. Within the documentation, there was no indication of significant improvement in pain with therapy. Guidelines do not recommend ultrasound or neuromuscular electrical stimulation. As such, the request for 2 Physiotherapy/ultrasound/sinewave 5 min (DOS: 7/9/2014 and 7/30/2014) is not medically necessary.