

Case Number:	CM14-0098119		
Date Assigned:	09/18/2014	Date of Injury:	09/16/2012
Decision Date:	10/16/2014	UR Denial Date:	05/23/2014
Priority:	Standard	Application Received:	06/26/2014

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 Occupational Medicine, and is licensed to practice in California. 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:

Patient is a 21 year-old female with date of injury 09/16/2012. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 04/29/2014, lists subjective complaints as pain in the neck and low back. Objective findings: Examination of the cervical spine revealed tenderness in the cervical and trapezius muscle group bilaterally. Range of motion in the cervical spine was restricted. Examination of the lumbar spine revealed mild tenderness in the lumbar paraspinal muscles. Range of motion of the lumbar spine was full. Diagnosis: 1. Status post closed-head injury with mild traumatic brain injury and post-concussion syndrome 2. Post-traumatic headaches 3. Cervical myoligamentous strain 4. Insomnia. Patient has undergone physical therapy and 14 visits of chiropractic care from 03/05/2013 through 05/23/2013. A medical and Legal Re-Evaluation Report sated 09/11/2013 documented that the patient was considered at maximum medical improvement during the examination.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic 2 x 6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58-59.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58-60.

Decision rationale: The request is for 12 visits of chiropractic. The Chronic Pain Medical Treatment Guidelines allow for an initial 4-6 visits after which time there should be documented functional improvement prior to authorizing more visits. The request for 12 chiropractic visits exceeds the amount allowed by the MTUS guidelines; therefore the request is not medically necessary.

Diathermy: 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), Neck & Upper Back (updated 04/14/14)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back (Acute & Chronic), Diathermy

Decision rationale: According to the Official Disability Guidelines, diathermy is not recommended. The ODG states that there is no difference in pain or disability for collar followed by PT vs. normal activities vs. early PT. Diathermy is not medically necessary.

Myofascial release for lumbar and cervical spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.ncbi.nlm.nih.gov/pubmed/17987166>

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58-60.

Decision rationale: Myofascial release is a soft tissue therapy for the treatment of skeletal muscle immobility and pain. It is the technique used during chiropractic treatment and is considered chiropractic care. As stated above, the MTUS allows for an initial 4-6 visits after which time there should be documented functional improvement prior to authorizing more visits. The request for 12 chiropractic visits exceeds the amount allowed by the MTUS guidelines; therefore the request is not medically necessary.

Electrical muscle stimulation (EMS): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Neuromuscular electrical stimulation (NMES devices) Page(s): 121.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back (Acute & Chronic), Electrical muscle stimulation (EMS)

Decision rationale: The Official Disability Guidelines state that electrical muscle stimulation is not recommended. There is limited evidence of no benefit from electric muscle stimulation compared to a sham control for pain in chronic mechanical neck disorders (MND). Most characteristics of EMS are comparable to TENS. Electrical muscle stimulation is not medically necessary.