

Case Number:	CM14-0212274		
Date Assigned:	01/02/2015	Date of Injury:	02/28/2014
Decision Date:	02/28/2015	UR Denial Date:	12/16/2014
Priority:	Standard	Application Received:	12/18/2014

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. 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

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 patient is a 42-year-old male with injury date of 02/28/14. Based on the 11/25/14 progress report, the patient complains of thoracic, cervical, and lumbar spine pain rated 3-4/10 with and 6-7/10 without medication. Physical examination to the thoracic, cervical and lumbar spines on 11/25/14 revealed spasm and tenderness to palpation in the paravertebral musculature. Positive straight leg raise test bilaterally. Per Treatment Plan section of progress report dated 11/25/14, the patient was prescribed Norco, and was advised to continue home exercise. The patient is to return to modified duty. Diagnosis 11/25/14-Thoracic sprain/strain-Cervical sprain/strain - Lumbar sprain/strain-Lumbosacral radiculitis The utilization review determination being challenged is dated 12/16/14. The rationale follows: 1. CHIROPRACTIC, EIGHT (8) VISITS (2X4): "...the patient has a chronic injury and has been treated previously with multiple modalities including prior chiropractic treatment, which reportedly did not help. In addition, the current medical records do not clearly document an exacerbation of the patient's industrial injury..." 2. INTERFERENTIAL STIMULATION UNIT: "...none of these conditions for possible use have been clearly documented..." Treatment reports were provided from 09/05/14 - 11/25/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic x 8 visits: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines manual therapy and manipulation.

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

Decision rationale: The patient presents with thoracic, cervical, and lumbar spine pain rated 3-4/10 with and 6-7/10 without medication. The request is for CHIROPRACTIC, EIGHT (8) VISITS (2X4). Patient's diagnosis on 11/25/14 included thoracic, cervical, and lumbar sprain/strain; and lumbosacral radiculitis. Per Treatment Plan section of progress report dated 11/25/14, the patient was prescribed Norco, and was advised to continue home exercise. The patient is to return to modified duty. MTUS recommends an optional trial of 6 visits over 2 weeks with evidence of objective functional improvement total of up to 18 visits over 6 to 8 weeks. For recurrences/flare-ups, reevaluate treatment success and if return to work is achieved, then 1 to 2 visits every 4 to 6 months. MTUS page 8 also requires that the treater monitor the treatment progress to determine appropriate course of treatments. Treater has not provided reason for the request. UR letter dated 12/16/14 states that "the patient has a chronic injury and has been treated previously with multiple modalities including prior chiropractic treatment, which reportedly did not help..." Treater has not provided documentation of objective functional improvement, decrease in pain and improvement of quality of life, re-injury, exacerbation of symptoms to warrant additional visits, as required by MTUS, to warrant additional visits. Therefore, the request IS NOT medically necessary.

Interferential stimulation 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 Interferential Current Stimulation (ICS) Page(s): 118-120.

Decision rationale: The patient presents with thoracic, cervical, and lumbar spine pain rated 3-4/10 with and 6-7/10 without medication. The request is for INTERFERENTIAL STIMULATION UNIT. Patient's diagnosis on 11/25/14 included thoracic, cervical, and lumbar sprain/strain; and lumbosacral radiculitis. Per Treatment Plan section of progress report dated 11/25/14, the patient was prescribed Norco, and was advised to continue home exercise. The patient is to return to modified duty. MTUS (p118-120) states "Interferential Current Stimulation (ICS) Possibly appropriate for the following conditions if it has documented and proven to be effective as directed or applied by the physician or a provider licensed to provide physical medicine:- Pain is ineffectively controlled due to diminished effectiveness of medications; or- Pain is ineffectively controlled with medications due to side effects; or- History of substance abuse; or- Significant pain from postoperative conditions limits the ability to perform exercise

programs/physical therapy treatment; or- Unresponsive to conservative measures (e.g., repositioning, heat/ice, etc). Treater has not discussed reason for the request, nor how the device will be used. The reports show the requested treatment is not intended as an isolated intervention as the patient takes Norco and has had prior chiropractic care. With regards to interferential unit, there is no evidence that pain is not effectively controlled due to the effectiveness of medication, substance abuse or pain due to postoperative conditions or unresponsiveness to conservative measures. The request does not meet guideline recommendations; therefore, interferential unit IS NOT medically necessary.