

Case Number:	CM14-0218096		
Date Assigned:	01/07/2015	Date of Injury:	08/20/2003
Decision Date:	03/30/2015	UR Denial Date:	12/03/2014
Priority:	Standard	Application Received:	12/30/2014

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, Arizona

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 48-year-old female who reported an injury on 08/20/2003. The mechanism of injury involved a fall. The injured worker is currently diagnosed with nonallopathic lesion of the cervical region, cervicobrachial syndrome, and brachial neuritis or radiculitis. On 11/21/2014, the injured worker presented for a followup evaluation with complaints of a flareup of pain. In addition, the injured worker reported cervical pain with left lower extremity paresthesia, more pronounced on the right. Associated symptoms also included moderate headaches. Upon examination, there was moderate tenderness at the C1-T1 spinal levels, intersegmental dyskinesia, positive Soto-Hall test, restricted cervical range of motion, 2+ rigidity in the right brachioradialis and extensor musculature, moderate lateral epicondyle tenderness, marked tenderness with a moderate level of edema over the dorsum of the right hand, difficulty with extension and flexion of the right hand, limited adduction and extension of the right wrist, mild tenderness over the left arm, and equal deep tendon reflexes. The injured worker received a chiropractic adjustment to the delineated spinal segment with ancillary care including physiotherapy in the soft tissue mobilization. A Request for Authorization form was then submitted for chiropractic adjustments and physiotherapy for 6 treatments over a 30 day period.

IMR ISSUES, DECISIONS AND RATIONALES

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

Office visit for the evaluation and management of an established patient, QTY: 6: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177.

Decision rationale: California MTUS/ACOEM Practice Guidelines state physician followup can occur when a release to modified, increased, or full duty is needed, or after appreciable healing or recovery can be expected. In this case, the provider is requesting a chiropractic evaluation and management for 6 sessions of chiropractic therapy. However, the injured worker has participated in a previous course of chiropractic treatment without any evidence of objective functional improvement. The medical necessity for ongoing evaluation and management with a chiropractic physician has not been established in this case. Therefore, the request is not medically appropriate.

Required reports: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179..

Decision rationale: California MTUS/ACOEM Practice Guidelines state physician followup can occur when a release to modified, increased, or full duty is needed, or after appreciable healing or recovery can be expected. In this case, the provider is requesting a chiropractic evaluation and management for 6 sessions of chiropractic therapy. However, the injured worker has participated in a previous course of chiropractic treatment without any evidence of objective functional improvement. The medical necessity for ongoing evaluation and management with a chiropractic physician has not been established in this case. Given that the medical necessity has not been established, the associated required reports are not medically necessary. Therefore, the request is not medically appropriate.

Chiropractic treatments over 30 days to the cervicodorsal region and upper extremity, QTY: 6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58-60.

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

Decision rationale: California MTUS Guidelines recommend manual therapy and manipulation for chronic pain if caused by a musculoskeletal condition. Treatment is recommended as a therapeutic trial of 6 visits over 2 weeks. In this case, it is noted that the injured worker has participated in a previous course of chiropractic treatment. There is no documentation of objective functional improvement. Therefore, the medical necessity for additional treatment has not been established. As such, the request is not medically appropriate.

Electrical stimulation, QTY: 6: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114-117..

Decision rationale: California MTUS Guidelines state transcutaneous electrotherapy is not recommended as a primary treatment modality. There should be evidence that other appropriate pain modalities have been tried and failed including medication. In this case, electrical stimulation is being requested as part of a chiropractic therapy session. Given that the injured worker's ongoing chiropractic therapy has not been authorized, the associated electrical stimulation is also not medically necessary at this time.

Ultrasound, QTY: 6: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 123.

Decision rationale: California MTUS Guidelines do not recommend therapeutic ultrasound. Therapeutic ultrasound is one of the most widely and frequently used electrophysical agents; however, there is little evidence to support active therapeutic ultrasound for treating patients with pain or a range of musculoskeletal injuries or for promoting soft tissue healing. In this case, ultrasound therapy was recommended as part of a chiropractic therapy session. Given that the injured worker's ongoing chiropractic therapy has not been authorized, the associated ultrasound therapy is not medically necessary. Additionally, the California MTUS Guidelines do not recommend therapeutic ultrasound. Given the above, the request is not medically appropriate.

Electrodes for electrical stimulation, QTY: 6: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114-117.

Decision rationale: California MTUS Guidelines state transcutaneous electrotherapy is not recommended as a primary treatment modality. There should be evidence that other appropriate pain modalities have been tried and failed including medication. In this case, electrical stimulation is being requested as part of a chiropractic therapy session. Given that the injured worker's ongoing chiropractic therapy has not been authorized, the associated electrical stimulation is also not medically necessary at this time.