MAXIMUS Federal Services

Case Number:	CM15-0115039		
Date Assigned:	06/23/2015	Date of Injury:	09/28/2011
Decision Date:	07/22/2015	UR Denial Date:	06/05/2015
Priority:	Standard	Application Received:	06/15/2015

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: North Carolina
Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 47 year old male with a September 28, 2011 date of injury. A progress note dated May 27, 2015 documents subjective complaints (pain rated at a level of 7/10; pain in the neck, upper trapezius, and left arm), objective (findings tight contraction and tenderness to palpation over the upper trapezius, right greater than left, although slightly lessened since May 22, 2015: tenderness to palpation over the bilateral paraspinals of the neck, sternocleidomastoid, and scalene), and current diagnoses (bilateral upper trapezius myofascial pain; mild reactive depression and anxiety). Treatments to date have included acupuncture that has been 30%-40% helpful in the management of the pain, medications, and cervical spine fusion. The treating physician documented a plan of care that included Hybresis treatments.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hybresis Treatment: 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), Shoulder Chapter (Online version).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173.

Decision rationale: The ACOEM chapter on neck complaints states: There is no high-grade scientific evidence to support the effectiveness or ineffectiveness of passive physical modalities such as traction, heat/ cold applications, massage, diathermy, cutaneous laser treatment, ultrasound, transcutaneous electrical neurostimulation (TENS) units, and iontophoreses. The requested services are not recommended per the ACOEM unless with a trail with close monitoring and objective goal outlined and monitored. These criteria are not provided in the clinical documentation for review and the request is not medically necessary.