

Case Number:	CM15-0093717		
Date Assigned:	05/20/2015	Date of Injury:	10/27/1997
Decision Date:	06/25/2015	UR Denial Date:	05/06/2015
Priority:	Standard	Application Received:	05/14/2015

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: Texas, New York, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 applicant is a represented 64-year-old who has filed a claim for chronic neck, shoulder, and back pain reportedly associated with an industrial injury of October 27, 1997. In a Utilization Review report dated May 6, 2015, the claims administrator failed to approve requests for four sessions of chiropractic manipulative therapy and two sessions of electrical muscle stimulation. The claims administrator referenced a progress note of April 29, 2015 and associated RFA form of April 30, 2015 in its determination. The applicant's attorney subsequently appealed. On January 8, 2015, the applicant apparently received manipulative therapy and electrical muscle stimulation in the clinic setting. The applicant's work status was not detailed. On February 5, 2015, the applicant, once again, received chiropractic manipulative therapy and electrical muscle stimulation in the clinic setting owing to complaints of headaches, neck pain, myalgias of various body parts. Once again, the applicant's work status was not detailed. In an applicant questionnaire dated October 9, 2013, the applicant acknowledged that he was not working. In an applicant questionnaire dated February 4, 2015, the applicant stated that he could hardly do any work at all, suggesting that the applicant was not, in fact, working as of that date. In a questionnaire dated January 5, 2015, the applicant stated that he could not do his usual work.

IMR ISSUES, DECISIONS AND RATIONALES

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

Manipulation (cervical) (2x2): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 59-60.

Decision rationale: No, the request for four sessions of chiropractic manipulative therapy was not medically necessary, medically appropriate, or indicated here. While pages 59 and 60 of the MTUS Chronic Pain Medical Treatment Guidelines do support up to 24 sessions of chiropractic manipulative therapy in applicants who demonstrate treatment success by achieving and/or maintaining successful return to work status, here, however, the applicant was off of work, as suggested on several applicant questionnaires referenced above. Continuing chiropractic manipulative therapy, thus, was not indicated in the face of the applicant's failure to return to work following receipt of extensive prior manipulative therapy in 2014 and 2015 alone. Therefore, the request was not medically necessary.

EMS (cervical) (1x2): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Neuromuscular electrical stimulation (NMES devices); TENS, chronic pain (transcutaneous electrical nerve stimulation); Transcutaneous electrical nerve stimulation (TENS) Page(s): 114- 116, 121.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Neuromuscular electrical stimulation (NMES devices); Physical Medicine Page(s): 121; 98.

Decision rationale: Similarly, the request for two sessions of electrical muscle stimulation was likewise not medically necessary, medically appropriate, or indicated here. Electrical muscle stimulation (EMS) is a variant of neuromuscular electrical stimulation or NMES. However, page 121 of the MTUS Chronic Pain Medical Treatment Guidelines notes that neuromuscular electrical stimulation is not recommended in the chronic pain context present here but, rather, should be reserved for the post-stroke rehabilitative context. Here, however, there was no evidence that the applicant had sustained a stroke. Page 98 of the MTUS Chronic Pain Medical Treatment Guidelines further stipulates that passive modalities, as a whole, should be employed sparingly during the chronic pain phase of a claim. Here, the request for two separate passive modalities, manipulation, and electrical muscle stimulation, thus, ran counter to MTUS principles and parameters. Therefore, the request was not medically necessary.