

<b>Case Number:</b>	CM13-0005522		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	06/04/2013
<b>Decision Date:</b>	03/05/2014	<b>UR Denial Date:</b>	07/22/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/01/2013

### 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 licensed in Chiropractic, 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:

The patient is a 31-year-old female, who sustained an injury to multiple body parts on 06/4/2013, while attempting to lift a mattress per the records provided. The patient complaints according to the Doctor's First Report of Injury dated 07/01/13 include lower back, mid back and right leg pain. The records provided show that chiropractic care and physiotherapy modalities were provided. The same report indicated that an x-ray study was "negative for fractures or gross pathology." The primary treating provider (PTP) on the case is requesting an additional six (6) sessions of chiropractic adjustments; trigger point therapy, electric muscle stimulation, heat, ice and vibratory massage sessions to be rendered to unspecified region(s) of the body. The PTP is also requesting Functional Restoration.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Six (6) chiropractic treatments with chiro trigger point therapy, electric muscle stimulation, heat, ice, and vibratory massage between 07/01/2013 and 09/01/2013: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 161-162, 299-300, and 308.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 299-300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low back chapter, TENS, Massage/Trigger point therapy, Heat, Ice

**Decision rationale:** It is not clear from the records provided, which body part the treatment is being rendered to and which body regions the request is being made for as it is not stated in the RFA. This is an acute case which occurred on 06/04/13. Chiropractic Clinical findings provided from the initial DFR, and two additional visitation notes show different areas of complaint. The DFR dated 07/01/13 shows that the patient is complaining of lower back, mid back and right leg pain. The same provider in a report dated 07/31/13 states that the patient's subjective complaints are, "Serious chronic neck pain, mid back pain, low back pain, right leg to knee pain, right shoulder pain." The two progress reports provided fail to show objective functional improvements from the chiropractic care, stimulation, heat, ice, vibratory massage rendered to the patient. The chiropractor simply reports muscle stiffness, pain level and lumbar range of motion that show no difference in measurable improvement in the reports of 07/18/13 and 07/31/13. The MTUS defines functional improvement as a "clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management visit billed under the Official Medical Fee Schedule (OMFS), and a reduction in the dependency on continued medical treatment." This is an acute case. The MTUS/ACOEM Guidelines indicate, "A trial of manipulation for patients with radiculopathy may also be an option." The Official Disability Guidelines indicate that cold/heat packs are "Recommended as an option for acute pain." The guidelines also indicate that massage is "Recommended as an option in conjunction with recommended exercise programs. Manual massage administered by professional providers has shown some proven efficacy in the treatment of acute low back symptoms, based on quality studies. Mechanical massage devices are not recommended." The guidelines state that acute cases are "Not recommended based on published literature and a consensus of current guidelines. No proven efficacy has been shown for the treatment of acute low back symptoms." The records do not show any functional improvement. The MTUS/ACOEM and Official Disability Guidelines in some instances support the use of some physiotherapy modalities being requested in this review, but do not recommend the use of other physiotherapies also requested in this review for acute cases.

**Functional Restoration between 07/01/2013 and 09/01/2013:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 222, 226.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 92. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic Pain Chapter, Functional Restoration.

**Decision rationale:** This is an acute case. On the issue of functional restoration, the MTUS/ACOEM Guidelines indicate that "chronic pain management/functional restoration programs are not appropriate for acute spinal disorders." The Official Disability Guidelines indicate that functional restoration is, "Recommended for selected patients with chronic disabling pain, although research is still ongoing as to how to most appropriately screen for inclusion in these programs."

