

<b>Case Number:</b>	CM13-0026830		
<b>Date Assigned:</b>	12/18/2013	<b>Date of Injury:</b>	01/24/2000
<b>Decision Date:</b>	08/04/2014	<b>UR Denial Date:</b>	08/15/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/19/2013

### 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 a licensed Chiropractor and is licensed to practice in Texas. 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 injured worker is a 62-year-old female who reported an injury on 01/24/2000. The mechanism of injury was not provided within the documentation. The injured worker's prior therapy included chiropractic care and physical therapy. The injured worker's diagnoses were noted to be cervical, thoracic, and lumbosacral sprain/strains. The injured worker had a primary treating physician's progress report dated 07/29/2013. The subjective complaints of this report included constant minimal to moderate neck pain, mid back pain, and low back pain. The objective findings included lumbar motions: flexion 16 degrees and extension 15 degrees. Other motions were decreased by 20%. All range of motion increased low back pain. Cervical motions were decreased by 10% all directions with pain. There was mild paravertebral muscle spasm noted in the lumbar more than the cervical and thoracic areas. The treatment plan included chiropractic adjustments, electrical muscle stimulation, intersegment traction and soft tissue mobilization as needed for control of flare-ups. The provider's rationale for the request was provided within the documentation. A request for authorization for medical treatment was provided and dated 07/29/2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic manipulation with 6-10 visits:** 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 Manual therapy & manipulation Page(s): 58-60.

**Decision rationale:** The California MTUS Chronic Pain Medical Treatment Guidelines recommend manual therapy and manipulation for chronic pain if caused by musculoskeletal conditions. Manual therapy and manipulation is not recommended for the ankle and foot, carpal tunnel syndrome, forearm, wrist, hand, and knee. The treatment parameters are 4 to 6 treatments and the frequency is 1 to 2 times per week for the first 2 weeks as indicated by the severity of the condition. The progress report does not indicate how many visits of chiropractic care the injured worker has already had. It is not noted if chiropractic care has provided the injured worker efficacy. The progress report fails to indicate a measurable objective functional deficit of the injured worker; thus, requiring chiropractic care. The request fails to indicate what area of the body is to be worked on. Therefore, the request for chiropractic manipulation with 6 to 10 visits is not medically necessary.

**Electrical stimulation during chiropractic treatments:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Painreliefcentre.net.

**Decision rationale:** Electrical muscle stimulation is used by placing pads on or around the injured area and/or muscle; these pads send electrical pulses to the area. This type of chiropractic physiotherapy is beneficial for reducing pain, increasing blood flow into the injured area, and increasing healing. Electrical stimulation can be used for mending broken bones and healing wounds. Electrical stimulation is sometimes used at very low levels of current to help in decreasing pain. It helps the body to produce certain painkillers called endorphins. Chiropractors make use of the electrical stimulation to help in contracting the muscles. This is extremely helpful when the muscles lose strength and are unable to contract on their own. According to the progress report, the injured worker does not have broken bones or wounds that need healed. It is not noted that the injured worker has the inability to contract muscle. The request fails to indicate an area of the body for electrical muscle stimulation. Therefore, the request for electrical stimulation during chiropractic treatment is not medically necessary.

**Traction during chiro visits:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-300.

**Decision rationale:** The California MTUS/American College of Occupational and Environmental Medicine state traction has not been proven effective for lasting relief in treating low back pain. Because evidence is insufficient to support using vertebral axial decompression for treating low back injuries, it is not recommended. The injured worker's objective findings included cervical motions decreased by 10% in all directions with pain. The progress report notes in the treatment plan that traction is needed for control of flare-ups of neck pain, back pain, and low back pain. However, the guidelines do not support the use of traction. Therefore, the request for traction during chiropractic visits is not medically necessary.

**Soft tissue mobilization during chiro visits:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Spine-health.com.

**Decision rationale:** According to spine-health.com, the goal of soft tissue mobilization is to break up fibrous muscle tissue, (such as scar tissue from a back injury), move tissue fluids, and relax muscle tension. It is not noted that the injured worker has symptoms for scar tissue, tissue fluids, or muscle tension. In addition, the request for soft tissue mobilization fails to indicate a site. Therefore, the request for soft tissue mobilization during chiropractic visits is not medically necessary.

**A referral for medications:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Office visits.

**Decision rationale:** The Official Disability Guidelines recommends office visits as determined to be medically necessary. Evaluation and management outpatient visits to the offices of medical doctors play a critical role in the proper diagnosis and return to function of an injured worker, and they should be encouraged. The need for office visits with a health care provider is individualized based upon a review of the patients' concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The progress report provided for review does not indicate the injured worker is on medications. Based upon the progress report, it is not noted that there is a medical necessity for a referral for medications. Therefore, the request for a referral for medications is not medically necessary.