

<b>Case Number:</b>	CM14-0001248		
<b>Date Assigned:</b>	05/16/2014	<b>Date of Injury:</b>	08/15/2011
<b>Decision Date:</b>	07/11/2014	<b>UR Denial Date:</b>	12/10/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/03/2014

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a Physician Reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The Physician Reviewer is Board Certified in Physical Medicine & Rehabilitation, 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 Physician 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 64-year-old male who reported an injury on 08/15/2011. The mechanism of injury was not provided. The documentation of 12/23/2013 revealed the injured worker had completed his fourth and final chiropractic decompression therapy session for a total of 16 sessions. The documentation indicated the injured worker responded well to therapy and was noting his back pain had been much easier to deal with. It was further indicated the lumbar spine movements appear to have improved overall. There was slight lumbosacral tenderness to palpation. There was no documentation submitted prior to 12/23/2013. The diagnosis was lumbago. There was no DWC Form, Request for Authorization and no PR2 that was submitted to support the requested treatments.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CHIROPRACTIC TREATMENT 2X4:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines MANUAL THERAPY & MANIPULATION.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy Page(s): 58, 59.

**Decision rationale:** The California MTUS Guidelines recommend manual therapy for chronic pain if it is caused by a musculoskeletal condition. For the low back with objective functional improvement there could be up to a total of 18 visits. The clinical documentation submitted for review indicated, according to the 12/23/2013 visit, that the injured worker had decreased pain with chiropractic treatments; however, there was a lack of documentation of objective functional improvement. There was a lack of documentation of a PR2 and a submitted DWC Form or Request for Authorization to support ongoing therapy. The request, as submitted, failed to indicate the body part to be treated. Given the above, the request for chiropractic treatment 2x4 is not medically necessary.

**VIQ ORTHOSTIM 4 UNIT RENTAL X 6 WEEKS:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS, NMES, Interferential Current Stimulation, Galvanic Stimulation Page(s): 114 - 116, 121,118,117.

**Decision rationale:** California MTUS recommends a one month trial of a TENS unit as an adjunct to a program of evidence-based functional restoration for chronic neuropathic pain. Prior to the trial there must be documentation of at least three months of pain and evidence that other appropriate pain modalities have been tried (including medication) and have failed. They do not recommend Neuromuscular electrical stimulation (NMES devices) as there is no evidence to support their use in chronic pain. They do not recommend Interferential Current Stimulation (ICS) as an isolated intervention. Galvanic Stimulation is not recommended. There was a lack of documentation including a DWC Form, Request for Authorization and a PR2 to support the necessity for the requested treatment. There was a lack of documentation of exceptional factors to warrant nonadherence to Guideline recommendations. Given the above, the request for a VIQ Orthostim 4 unit rental x 6 weeks is not medically necessary.