

<b>Case Number:</b>	CM14-0005410		
<b>Date Assigned:</b>	06/02/2014	<b>Date of Injury:</b>	10/25/2013
<b>Decision Date:</b>	08/12/2014	<b>UR Denial Date:</b>	12/31/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/13/2014

### 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 Board Certified Occupational Medicine 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic neck, low back, forearm, knee, and wrist pain reportedly associated with an industrial injury of October 25, 2013. Thus far, the applicant has been treated with analgesic medications, unspecified amounts of acupuncture over the course of the claim; unspecified amounts of physical therapy over the course of the claim; and unspecified amounts of chiropractic manipulative therapy over the course of the claim. In a utilization review report dated December 30, 2013, the claims administrator denied a request for eight sessions of chiropractic manipulative therapy and denied a request for multimodality OrthoStim interferential current device. A six-session course of acupuncture and a generic heating pad were partially certified. The applicant's attorney subsequently appealed. In a doctor's first report of December 9, 2013, the applicant transferred care to a new primary treating provider. The applicant had received chiropractic manipulative therapy and physical therapy elsewhere. 20 to 30 sessions of manipulative therapy were received over the course of the claim, it was acknowledged. It was suggested that the applicant was working with limitations in place. Tenderness, myofascial tender points, and limited range of motion were noted about multiple body parts. Chiropractic manipulative therapy, acupuncture, multimodality transcutaneous electrotherapy device, and a Thermophore heating pad for neck pain, low back pain, knee pain, and forearm pain was sought.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CHIROPRACTIC TREATMENT X8 VISITS WITH AN EMPHASIS ON SPINAL MANIPULATION AND REHABILITATIVE EXERCISES: Upheld**

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

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

**Decision rationale:** While page 59 of the MTUS Chronic Pain Medical Treatment Guidelines does endorse a total course of up to 24 sessions of chiropractic manipulative therapy in applicants who demonstrate treatment success by achieving and/or maintaining successful return to work status, in this case, the applicant has already had approximately 30 sessions of physical therapy, the attending provider has posited, seemingly in excess of the 24-session MTUS ceiling. It is further noted that page 58 of the MTUS Chronic Pain Medical Treatment Guidelines recommends one to two visits every four to six months in applicants who have recurrences and/or flares of chronic low back pain. Thus, there is little or no support for the lengthy, 8-session course of chiropractic manipulative therapy being sought here. Therefore, the request is not medically necessary.

**ACUPUNCTURE TREATMENT INITIALLY X6 VISITS & IF IMPROVED CONTINUE X6 ADDITIONAL VISITS: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Acupuncture Medical Treatment Guidelines, 9792.24.1.c, 9792.24.1.d, and 9792.20f..

**Decision rationale:** Conditional certifications are not permissible through the Independent Medical Review process. As noted in MTUS 9792.24.1.d, acupuncture treatments may be extended if functional improvement is documented as defined in section 9792.20f. In this case, then, the 12-session course of treatment being sought by the attending provider does, represent treatment in excess of the three-to six-session course of treatment deemed necessary to produce functional improvement in MTUS 9792.24.1.c. Therefore, the request is not medically necessary.

**ORTHOSTIM4/IF UNIT X2 MONTHS WITH SUPPLIES (ELECTRODES, BATTERIES, WIPES AND LEAD WIRE): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Galvanic Stimulation, Neuromuscular Electrical Stimulation Page(s): 117-121.

**Decision rationale:** Per the product description, the OrthoStim4 device represents an amalgam of several electric therapy modalities, including high-voltage pulse current stimulation, a form of galvanic stimulation, neuromuscular stimulation, interferential stimulation, and pulse direct current stimulation. Several of the modalities which comprised the device, however, carry unfavorable recommendations than the MTUS Chronic Pain Medical Treatment Guidelines. For instance, page 121 of the MTUS Chronic Pain Medical Treatment Guidelines notes that neuromuscular stimulation is not recommended outside of the post stroke rehabilitation context and is not, furthermore, endorsed in the chronic pain context present here. Similarly, page 117 of the MTUS Chronic Pain Medical Treatment Guidelines likewise notes that galvanic stimulation, another modality which comprises part of the device, is likewise not recommended and considered investigational for all indications. Since one or modalities in the device carry unfavorable recommendation, the entire device is not recommended. Therefore, the request is not medically necessary.

**THERMOPHORE UNIT (HEAT PAD):** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 299.

**Decision rationale:** Per the product description, Thermophore pad does represent simple, low-tech application of heat therapy. As noted in the MTUS Guideline in ACOEM Chapter 12, Table 12-5, page 299, at-home applications of heat and cold are recommended as methods of symptom control for low back pain symptoms, as are present here. The device in question, as previously noted, does represent a low-tech means of delivering heat therapy, which is indicated for the applicant's ongoing low back pain complaints. Therefore, the request is medically necessary.