

<b>Case Number:</b>	CM14-0018969		
<b>Date Assigned:</b>	04/23/2014	<b>Date of Injury:</b>	12/27/1990
<b>Decision Date:</b>	07/03/2014	<b>UR Denial Date:</b>	01/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/14/2014

### 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 in 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 low back pain reportedly associated with an industrial injury of December 27, 1990. Thus far, the applicant has been treated with the following: Analgesic medications; unspecified amounts of chiropractic manipulative therapy over the life of the claim; and extensive periods of time off of work. In a Utilization Review Report dated January 27, 2014, the claims administrator denied a request for chiropractic manipulative therapy and also denied a request for therapeutic ultrasound for the low back. Despite the fact that both the MTUS Chronic Pain Guidelines and ACOEM address the topic of therapeutic ultrasound, the claims administrator nevertheless selected non-MTUS ODG Guidelines in its denial. The applicant's attorney subsequently appealed. In a January 7, 2014 progress report, the applicant was described as reporting persistent low back and neck pain. The applicant exhibited tenderness and limited range of motion about both body parts. The applicant was asked to pursue additional chiropractic manipulative therapy while remaining off of work on "total disability." In an earlier note of November 27, 2013, additional manipulative therapy and therapeutic ultrasound were endorsed to relieve a flare-up of the applicant's chronic pain issues.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **CHIROPRACTIC, MANIPULATION 2-3 FOR LUMBAR AND CERVICAL SPINE:**

Upheld

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

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

**Decision rationale:** The applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of December 27, 1990. Thus far, the applicant has been treated with the following: Analgesic medications; unspecified amounts of chiropractic manipulative therapy over the life of the claim; and extensive periods of time off of work. In a Utilization Review Report dated January 27, 2014, the claims administrator denied a request for chiropractic manipulative therapy and also denied a request for therapeutic ultrasound for the low back. Despite the fact that both the MTUS Chronic Pain Guidelines and ACOEM address the topic of therapeutic ultrasound, the claims administrator nevertheless selected non-MTUS ODG Guidelines in its denial. The applicant's attorney subsequently appealed. In a January 7, 2014 progress report, the applicant was described as reporting persistent low back and neck pain. The applicant exhibited tenderness and limited range of motion about both body parts. The applicant was asked to pursue additional chiropractic manipulative therapy while remaining off of work on "total disability." In an earlier note of November 27, 2013, additional manipulative therapy and therapeutic ultrasound were endorsed to relieve a flare-up of the applicant's chronic pain issues.

**ULTRASOUND TREATMENTS 2-3 FOR THE LUMBAR AND CERVICAL SPINE:**  
Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Low Back Chapter, Ultrasound.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine and Therapeutic Ultrasound Page(s): 98-99, 123.

**Decision rationale:** As noted on page 123 of the MTUS Chronic Pain Medical Treatment Guidelines, therapeutic ultrasound is "not recommended" in the treatment of chronic musculoskeletal pain, as is present here. It is further noted that pages 98 and 99 of the MTUS Chronic Pain Medical Treatment Guidelines emphasize active therapy and active modalities in the chronic pain phase of an injury. In this case, the attending provider did not proffer any applicant-specific rationale, narrative, or commentary which would offset the unfavorable MTUS recommendation. Therefore, the request is not medically necessary.