

<b>Case Number:</b>	CM14-0129021		
<b>Date Assigned:</b>	08/18/2014	<b>Date of Injury:</b>	03/17/2011
<b>Decision Date:</b>	09/18/2014	<b>UR Denial Date:</b>	07/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/13/2014

### 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 in Physical Medicine and Rehabilitation and is licensed to practice in Illinois. 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 46-year-old female with a reported date of injury of 03/17/2011. The injury reportedly occurred when the injured worker lifted several large bins without assistance. Her diagnoses are noted to include cervical/trapezial musculoligamentous sprain/strain and bilateral upper extremity radiculitis with 3 mm to 4 mm disc protrusion, thoracic musculoligamentous sprain/strain, lumbar musculoligamentous sprain/strain and bilateral lower extremity radiculitis with 3 mm to 4 mm disc protrusions at L5-S1, right shoulder parascapular strain with impingement syndrome, acromioclavicular joint degenerative changes, subacromial/subdeltoid bursitis, rotator cuff tendinitis and full thickness supraspinatus tendon tear, left shoulder parascapular strain with tendinitis, impingement syndrome, subacromial/subdeltoid bursitis, acromioclavicular joint degenerative joint changes and full thickness supraspinatus tendon tear. Her previous treatments were noted to include acupuncture, aquatic therapy, physical therapy and medications for her neck, back and shoulders and epidural steroid injections. The progress note dated 07/07/2014 revealed the complaints of neck pain radiating to the upper extremities, bilateral shoulder pain, mid back pain, and low back pain radiating to both lower extremities. The physical examination of the cervical spine revealed slight anterior carriage and decreased cervical lordosis. Tenderness to palpation was present over the suboccipital region, paravertebral musculature and trapezius muscles bilaterally. Tender myofascial trigger points were noted along the trapezius muscles. Paraspinal muscle spasms were present and mild in intensity. The range of motion to the cervical spine was noted to be flexion was to 38 degrees, extension was to 40 degrees, right rotation was to 71 degrees, left rotation was to 73 degrees, right side bending was to 35 degrees and left side bending was to 36 degrees. The physical examination of the thoracic spine revealed tenderness to palpation over the paravertebral musculature in the lower thoracic region and to a lesser extent over the

interscapular region. Tender myofascial trigger points were noted involving the trapezius muscles. Paraspinal muscle guarding was present with palpation and passive ranging and the range of motion to the thoracic spine was noted to be flexion was to 41 degrees, right rotation was to 24 degrees and left rotation was to 26 degrees. The physical examination of the lumbar spine was noted to have tenderness to palpation over the paravertebral musculature and lumbosacral junction. Paraspinal muscle guarding was present and straight leg raise test elicited low back pain, but no radicular symptoms. The range of motion of the lumbar spine was noted to be flexion was to 36 degrees, extension was to 16 degrees, right side bending was to 16 degrees and left side bending was to 15 degrees. The physical examination of the bilateral shoulders revealed tenderness to palpation over the subacromial regions, anterior capsule, acromioclavicular joints, posterior muscles and parascapular musculature bilaterally. Tender myofascial trigger points are noted involving trapezius muscles and levator scapulae muscles bilaterally. There was slight subacromial crepitus with passive ranging bilaterally. The impingement test was positive and the cross arm test elicited posterior scapular pain only. The range of motion to the shoulder was noted to be flexion was to 170 degrees, extension was to 45 degrees, abduction was to 165 degrees, adduction was to 40 degrees, internal rotation was to 80 degrees and external rotation was to 85 degrees. The motor strength testing revealed no weakness and sensory examination was within normal limits. The Request for Authorization form dated 07/17/2014 was for chiropractic service in house 2 times 4 with modalities for manipulation and myofascial release. The Request for Authorization form dated 07/15/2014 was for an Avid interferential unit. However, the provider's rationale was not submitted within the medical records.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Chiropractic 2 x 4: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 173, Chronic Pain Treatment Guidelines Manual therapy & Manipulation. Decision based on Non-MTUS Citation Chiropractic Manipulation/Traction Cervical(Neck & Upper Back Chapter).

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

**Decision rationale:** The request for chiropractic treatment is not medically necessary. The injured worker has received previous chiropractic treatment. The Chronic Pain Medical Treatment Guidelines recommend manual therapy for chronic pain if caused by musculoskeletal conditions. Manual therapy is widely used in the treatment of musculoskeletal pain. The intended goal or effect of manual medicine is the achievement of positive symptomatic or objective measurable gains and functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. The guidelines recommend manipulation for the low back as a trial of 6 visits over 2 weeks with evidence of objective functional improvement, a total of up to 18 visits over 6 to 8 weeks. There is lack of documentation regarding quantifiable objective functional improvements, as well as the number of chiropractic sessions completed. Therefore, despite current measurable objective functional

deficits, without details regarding quantifiable objective functional improvements and number of previous sessions completed, as well as whether it will be in adjunct with active treatment, chiropractic treatment is not appropriate at this time. Additionally, the request for 8 sessions of chiropractic treatment exceeds guideline recommendations. As such, the request is not medically necessary.

**Home IF Unit:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation Page(s): 118-119.

**Decision rationale:** The request for a home interferential unit is not medically necessary. The injured worker complains of neck/mid back/low back/and muscle spasms. The injured worker reported the pain limited the ability to perform exercise/physical therapy treatment and she was having negative side effects from pain medication. The California Chronic Pain Medical Treatment Guidelines do not recommend interferential current stimulation as an isolated intervention. There is no quality evidence of effectiveness except in conjunction with recommended treatments, including return to work, exercise, and medication, and limited evidence of improvement on those recommended treatments alone. The randomized trials that have evaluated the effectiveness of this treatment included studies for back pain, jaw pain, soft tissue and shoulder pain, cervical neck pain, and postoperative knee pain. The findings from these trials were either negative or not interpretable for a recommendation due to poor study design and/or methodological issues. In addition, although proposed for treatment in general for soft tissue injury or for enhancing wound or fracture healing, there is insufficient literature to support interferential current stimulation for treatment of these conditions. There is a lack of documentation regarding the use of the home interferential unit in adjunct with exercise and failure of conservative treatment. Additionally, the request failed to provide whether the interferential unit will be a rental or a purchase and for how long. Therefore, the request is not medically necessary.