

<b>Case Number:</b>	CM14-0021480		
<b>Date Assigned:</b>	05/07/2014	<b>Date of Injury:</b>	05/15/2008
<b>Decision Date:</b>	07/23/2014	<b>UR Denial Date:</b>	02/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/20/2014

### 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, has a subspecialty in interventional spine 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 patient is a 57 year old with an injury date on 5/15/08. Based on the 1/2/14 progress report provided by [REDACTED] the diagnoses are: lumbar sprain, history of hypertension, adjustment disorder with mixed anxiety and depressed mood, insomnia, unspecified. Exam of L-spine on 1/2/14 showed palpation reveals moderate paraspinal tenderness bilaterally at levels L4-L5, LS-SI and SI. At levels L4-L5, LS-SI and SI, palpation reveals moderate spinal tenderness bilaterally. Flexion is 60 with pain on right and left. Extension is 25 with pain on right and left. Lateral bending is 25, rotation is 40. [REDACTED] is requesting electrical stimulation of the L-spine (unattended and manual), massage therapy for the L-spine, ultrasound therapy of the L-spine, open MRI of the L-spine, contd. chiropractic treatment 2 times a week for 4 weeks, spinal orthopedic consultation. The utilization review determination being challenged is dated 2/10/14. [REDACTED] is the requesting provider, and he provided treatment reports from 11/5/13 to 2/16/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ELECTRICAL STIMULATION OF THE LUMBAR SPINE (UNATTENDED AND MANUAL):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99.

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

**Decision rationale:** This patient presents with difficult sleeping, hypertension controlled by meds, right lower back pain traveling to right leg rated 7/10, and right lower extremity pain rated 5/10 without meds. The treated has asked electrical stimulation of the L-spine (unattended and manual) on 1/2/14. A review of the reports does not show any evidence of patient having used electric muscle stimulators in the past. As of 1/2/14, patient has tried chiropractic treatments with minimal benefit, and not currently on medications. Regarding NMES (neuromuscular electrical stimulation), MTUS does not recommend it for chronic pain but for stroke rehabilitation. The request is not medically necessary.

**MASSAGE THERAPY FOR THE LUMBAR SPINE:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99.

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

**Decision rationale:** This patient presents with difficult sleeping, hypertension controlled by meds, right lower back pain traveling to right leg rated 7/10, and right lower extremity pain rated 5/10 without meds. The provider has asked massage therapy for the L-spine on 1/2/14. As of 1/2/14, patient has tried chiropractic treatments with minimal benefit, and not currently on medications. A review of the reports does not show any evidence of massage therapy being done in the past. Regarding massage therapy, MTUS states that this treatment should be an adjunct to other recommended treatment (e.g. exercise), and it should be limited to 4-6 visits in most cases. In this case, patient has not exhausted conservative modalities, and does not indicate number of sessions of massage therapy. In addition, MTUS guidelines do not recommend massage as a stand-alone treatment modality. The request is not medically necessary.

**ULTRASOUND THERAPY OF THE LUMBAR SPINE:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99.

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

**Decision rationale:** This patient presents with difficult sleeping, hypertension controlled by meds, right lower back pain traveling to right leg rated 7/10, and right lower extremity pain rated 5/10 without meds. The provider has asked ultrasound therapy of the L-spine on 1/2/14. The ACOEM indicates ultrasound treatment in the initial conservative treatment of acute shoulder such as calcifying tendinitis of the shoulder. Ultrasound therapy of the L-spine, however, is not consistent with ACOEM guidelines and is considered experimental and investigative. The request is not medically necessary.

**OPEN MRI OF THE LUMBAR SPINE:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Lower Back.

**Decision rationale:** This patient presents with difficult sleeping, hypertension controlled by meds, right lower back pain traveling to right leg rated 7/10, and right lower extremity pain rated 5/10 without meds. The provider has asked open MRI of the L-spine on 1/2/14 due to ongoing pain. On 11/5/13 report, patient has had flare up of recent back pain radiating to right buttock, thigh, to ankle and provider recommends 8 chiropractic treatments. Review of the reports show most recent MRI of L-spine was done on 10/29/08. The ODG guidelines state that repeat MRI's are indicated only if there has been progression of neurologic deficit. Patient has had a flare up of radicular pain, but no progressive neurologic deficit is documented. There are no new neurologic weaknesses, significant sensory changes or other neurologic findings. Flare-up of pain is an inadequate reason for obtaining specialized studies. The request is not medically necessary.

**CONTINUED CHIROPRACTIC TREATMENT 2 TIMES A WEEK FOR 4 WEEKS:**  
Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58-59.

**Decision rationale:** This patient presents with difficult sleeping, hypertension controlled by meds, right lower back pain traveling to right leg rated 7/10, and right lower extremity pain rated 5/10 without meds. The provider has asked contd. chiropractic treatment 2 times a week for 4 weeks on 1/2/14. Patient is working modified duty since 2008 per 12/5/13 report. On 11/5/13 report, patient has had flare up of recent back pain radiating to right buttock, thigh, to ankle and provider recommends 8 chiropractic treatments. On 1/2/4 report indicates patient is currently receiving chiropractic treatment, but number of sessions is not included. MTUS guidelines allow up to 18 sessions of treatments following initial trial of 3-6 if functional improvements can be documented. In this case, the provider has asked for contd. chiropractic treatment 2 times a week for 4 weeks but has failed to indicate functional improvement from prior sessions. The request is not medically necessary.

**SPINAL ORTHOPEDIC CONSULTATION:** 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 American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) ACOEM guidelines, chapter 7, page 127.

**Decision rationale:** This patient presents with difficult sleeping, hypertension controlled by meds, right lower back pain traveling to right leg rated 7/10, and right lower extremity pain rated 5/10 without meds. The provider has asked spinal orthopedic consultation on 1/2/14 to address lumbar sprain. Review of the report shows no prior orthopedic consultation. The ACOEM is silent regarding orthopedic consultations, but allow pain management and psychological consultations as needed. In this case, records indicate no evidence of new injury, red flags, or future surgery planned. Requested spinal orthopedic consultation is not deemed medically necessary for patient's condition. The request is not medically necessary.