

<b>Case Number:</b>	CM14-0034646		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	02/13/2014
<b>Decision Date:</b>	07/22/2014	<b>UR Denial Date:</b>	03/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/20/2014

### 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 & 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 64-year-old female who reported injury on 02/13/2014. The mechanism of injury was the injured worker was standing in front of the hallway when a large 11 to 12-year-old child weighing approximately 170 pounds came running through a door and the door forcefully struck the injured worker on her right hip sending her sideways into the hall. Prior treatments included rest, stretching, the use of hot packs, Motrin, and chiropractic treatments. The documentation of 02/20/2014 revealed the injured worker had joint swelling and stiffness. The injured worker had multiple injuries on multiple dates starting in the year 1984 through 2014. The physical examination revealed the injured worker had tenderness to palpation over the paravertebral musculature and lower thoracic region. The injured worker had paraspinal muscle spasms that were present and mild in intensity. The injured worker had tenderness to palpation over the paravertebral musculature and lumbosacral junction. A straight leg raise was positive on the left and elicited increased low back pain with radiating pain to the buttock, posterior thigh, and the level of the calf. The injured worker had a straight leg raise test on the right that elicited low back pain without radicular symptoms. The injured worker had decreased range of motion and sensation to pinprick and light touch was decreased in the left lower leg/foot in a patchy distribution. The diagnoses included thoracic musculoligamentous sprain/strain with mild thoracolumbar scoliosis and multilevel spondylosis per the MRI of 01/09/2014 and lumbar musculoligamentous sprain/strain and left lower extremity radiculitis with multilevel 3 to 5 disc protrusion/osteophyte complex, degenerative facet enlargement and thickening of the ligamentum flavum resulting in spinal canal and neural foramen stenosis. The treatment plan included chiropractic care 2 times a week for 4 weeks and a home ortho stimulation/interferential unit for self-guided treatment.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Chiropractic Two Times A Week For Four Weeks Thoracic Spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58-60.

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

**Decision rationale:** The California MTUS Guidelines recommend manual therapy for chronic pain caused by musculoskeletal conditions. For the low back therapy is recommended initially in a therapeutic trial of 6 sessions with objective functional improvement and a total of up to 18 visits over 6 to 8 weeks. The treatment for flare ups is 1-2 visits every 4-6 weeks which requires a need for re-evaluation from prior treatment successes. The clinical documentation submitted for review indicated the injured worker had previously undergone chiropractic treatment. However, there was lack of documentation indicating the quantity of sessions that were received and the objective functional benefit that was received. This request would exceed guideline recommendations. Given the above, the request for chiropractic, 2 times a week for 4 months, for the thoracic and lumbar spine is not medically necessary.

### **Chiropractic Two Times A Week For Four Weeks Lumbar Spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58-60.

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

**Decision rationale:** The California MTUS Guidelines recommend manual therapy for chronic pain caused by musculoskeletal conditions. For the low back therapy is recommended initially in a therapeutic trial of 6 sessions with objective functional improvement and a total of up to 18 visits over 6 to 8 weeks. The treatment for flare ups is 1-2 visits every 4-6 weeks which requires a need for re-evaluation from prior treatment successes. The clinical documentation submitted for review indicated the injured worker had previously undergone chiropractic treatment. However, there was lack of documentation indicating the quantity of sessions that were received and the objective functional benefit that was received. This request would exceed guideline recommendations. Given the above, the request for chiropractic, 2 times a week for 4 months, for the thoracic and lumbar spine is not medically necessary.

### **Home Ortho Stimulation Interferential Current 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 118 Page(s): 118.

**Decision rationale:** The California MTUS Guidelines do not recommend interferential current stimulation as an isolated intervention. The clinical documentation submitted for review indicated the injured worker would be utilizing the unit at home for a more consistent self-guided treatment of flare ups. There was lack of documentation indicating the injured worker would be utilizing the unit as an adjunct to other therapies. The request, as submitted, failed to indicate whether the unit was for rental or purchase. Given the above, the request for home ortho stimulation interferential current unit is not medically necessary.