

Case Number:	CM14-0039510		
Date Assigned:	06/27/2014	Date of Injury:	07/14/1998
Decision Date:	08/14/2014	UR Denial Date:	02/28/2014
Priority:	Standard	Application Received:	04/03/2014

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 claimant was injured on 07/14/98. Chiropractic treatment with myofascial release and electronic muscle stimulation are under review. He has a continuous trauma injury. He was diagnosed with cervicgia, cervical, thoracic, and lumbar myalgia, lumbar facet syndrome, sacroiliitis, and right shoulder tenosynovitis and has had medications, left knee support, right shoulder cortisone injections, left knee steroid injections, PT, chiropractic, physical therapy, and biofeedback training and is status post lumbar ESI in May 2013. On 09/24/13, ██████████ recommended cupping and acupuncture. He had a Panel QME psychiatric evaluation and had a depressed mood and anxiety. His prescription drug use was considered to be the biggest issue and was largely iatrogenic. He was using large amounts of several medications and had developed tolerance and dependence. On 11/7/13, he saw ██████████. An MRI of the right shoulder dated 11/25/13 revealed evidence of osteoarthritis, tendinosis of the infraspinatus, an effusion, and bursitis. There was a partial articular tear with tendinosis of the supraspinatus. The claimant attended a panel QME with ██████████. He had probably maximized the benefit of any chiropractic but 24 sessions of PT and cortisone injections for the right shoulder were recommended to be allowed. Surgery was recommended to be considered. He received an impairment rating. He was seen on 01/09/14 and was to discontinue ibuprofen and Soma and start tramadol. He reported progressive deterioration in his activities of daily living. A right subacromial steroid injection and reevaluation by ██████████ were recommended. At his last visit with ██████████ he was advised that if Synvisc injections were not helpful, surgery may be recommended. He was prescribed Norco for breakthrough pain and tramadol for general maintenance. Trigger point injections were recommended for the right shoulder. He was given a transdermal cream. On 02/20/14, he saw ██████████ for constant bilateral low back pain that was severe at level 9-10. It occurred frequently with physical activities. He had right shoulder

pain that was level 9/10 and was aggravated by activities and alleviated by rest. He had constant posterior neck pain that was reduced by medication and neck movement and daily activities aggravated it. He had bilateral upper back pain, constant mid back pain and left knee pain all aggravated by activities. He had mildly decreased range of motion of the cervical spine with mild pain. His right shoulder had decreased range of motion. He had mildly decreased range of motion of the left knee with moderate pain. He had a mildly weak right deltoid and mildly weak quadriceps and hamstrings. Myofascial release, spinal manipulation, and electronic muscle stimulation were recommended 2 times a month for 1 month. He was prescribed Soma and ibuprofen. He had been seeing [REDACTED] for orthopedic evaluations. There is some mention of him having received chiropractic treatment in 2013 with two chiropractors but no office notes are available to review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic treatment with myofascial release and Electronic Muscle Stimulation: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): Neck/upper back.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation, Page 58 and Neuromuscular Electronic Stimulation Page(s): 58, 117. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Manual Therapy and Manipulation.

Decision rationale: Myofascial release is not addressed by the MTUS but the section about massage therapy states it is recommended as an option as indicated below. 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. Scientific studies show contradictory results. Furthermore, many studies lack long-term follow-up. Massage is beneficial in attenuating diffuse musculoskeletal symptoms, but beneficial effects were registered only during treatment. Massage is a passive intervention and treatment dependence should be avoided. This lack of long-term benefits could be due to the short treatment period or treatments such as these do not address the underlying causes of pain. The strongest evidence for benefits of massage is for stress and anxiety reduction, although research for pain control and management of other symptoms, including pain, is promising. The physician should feel comfortable discussing massage therapy with patients and be able to refer patients to a qualified massage therapist as appropriate. (Corbin 2005) Massage is an effective adjunct treatment to relieve acute postoperative pain in patients who had major surgery, according to the results of a randomized controlled trial recently published in the Archives of Surgery. (Mitchinson, 2007) In this case, there is no clear evidence of myofascial pain syndrome with trigger points, referred pain, and a twitch response to support this diagnosis. The history and documentation do not objectively support the request for electronic muscular stimulation along with chiropractic visits. The California MTUS state neuromuscular electrical stimulation (NMES devices) is not recommended. NMES is used primarily as part of a rehabilitation program following stroke and there is no evidence to support its use in chronic pain. There are no intervention trials suggesting benefit from NMES for chronic pain. In this

case, additional chiropractic treatment is not supported based on a history of past chiropractic visits without evidence of significant and lasting benefit from this type of treatment. The claimant has reportedly attended chiropractic visits with two chiropractors but there is no documentation of the courses of treatment or any measurable and objective functional benefit that was received. The medical necessity of this request has not been clearly demonstrated. The medical necessity of chiropractic treatment that also includes electronic muscular stimulation has not been demonstrated.