

Case Number:	CM14-0061841		
Date Assigned:	07/09/2014	Date of Injury:	11/20/1983
Decision Date:	08/12/2014	UR Denial Date:	04/21/2014
Priority:	Standard	Application Received:	05/02/2014

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 Anesthesiology, has a subspecialty in Pain Medicine, and is licensed to practice in Florida. 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 53-year-old female who reported an injury on 11/20/1983, which reportedly occurred when she fell off a shelf, injuring her neck and back. The diagnoses included lumbar intervertebral disc degeneration and cervical intervertebral disc degeneration. The injured worker's treatment history included chiropractic treatment and physical therapy. The injured worker was evaluated on 04/02/2014 and it was documented that the injured worker had a flare-up of neck and lower back pain. It was noted the injured worker's pain level was rated at 5/10 on her lower neck and her lower back pain level was rated at a 6-7/10. The physical examination of the bilateral lower back, the provider noted significant hypertonicity of lumbar, thoracic, and cervical paravertebral musculature on the right greater than the left. The injured worker had dorsolumbar restricted range of motion with flexion of 27/60 degrees, extension of 12/25 degrees, right lateral bending of 13/25 degrees, and left lateral bending was 14/25 degrees. She had a positive Nachlas and pelvic compression that were positive bilaterally. The provider indicated the injured worker had hypertonic lumbar paravertebral musculature which was greater on the right than the left. The cervical range of motion was restricted with flexion of 32/50 degrees, extension of 14/60 degrees, right lateral bending of 24/45 degrees, and left lateral bending was 28/45 degrees. The foraminal compression was positive in all positions. She had increased hypertonic in her upper traps and levator scaphoid, left greater than right. The pain was worse with forward head carriage, pushing, pulling, and use of her arms at or above shoulder level. The provider noted after the injured worker receives treatment her functional improvement of the lumbar spine with flexion of 35/60 degrees, right lateral bending of 15/25 degrees, and left lateral bending was 17/25 degrees. The cervical spine flexion of 35/50 degrees, right lateral bending of 24/45 degrees and left lateral bending was 29/45 degrees. After treatment her pain level was a 6/10. The request was for chiropractic adjustments and adjunctive physical therapy

(interferential current or STM) 2 visits over 2 weeks, beginning 04/02/2014. The Request for Authorization was provided and submitted on 04/05/2014, however a rationale was not provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic adjustments and adjunctive physical therapy (interferential current or STM) - 2 visits over 2 weeks beginning 4/02/2014: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & Manipulation, Interferential Current Stimulation (ICS) and Physical Medicine Page(s): 58-59, 118-119, 99-100.

Decision rationale: The California MTUS guidelines recommend manual therapy & manipulation 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 in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. Manipulation is manual therapy that moves a joint beyond the physiologic range-of-motion but not beyond the anatomic range-of-motion. The guidelines recommend manual therapy & manipulation for the low back as an option. The guidelines may support a trial of 6 visits over 2 weeks, with evidence of objective functional improvement, up to a total 18 visits over 6-8 weeks. Recurrences/flare-ups need to re-evaluate treatment success, if RTW achieved then 1- 2 visits every 4-6 months. One of the goals of any treatment plan should be to reduce the frequency of treatments to the point where maximum therapeutic benefit continues to be achieved while encouraging more active self-therapy, such as independent strengthening and range of motion exercises, and rehabilitative exercises. Patients also need to be encouraged to return to usual activity levels despite residual pain, as well as to avoid catastrophizing and overdependence on physicians, including doctors of chiropractic. The California MTUS guidelines do not recommend interferential current stimulation (ICS) as an isolated intervention. There is no quality evidence of effectiveness except in conjunction with recommended treatments, including return to work, exercise and medications, and limited evidence of improvement on those recommended treatments alone. The randomized trials that have evaluated the effectiveness of this treatment have included studies for back pain, jaw pain, soft tissue shoulder pain, cervical neck pain and post-operative knee pain. While, the guidelines do not recommend interferential current stimulation, there are a patient selection criteria if this procedure is used anyway: Possibly appropriate for the following conditions if it has documented and proven to be effective as directed or applied by the physician or a provider licensed to provide physical medicine: Pain is ineffectively controlled due to diminished effectiveness of medications; or pain is ineffectively controlled with medications due to side effects; or history of substance abuse; or significant pain from postoperative conditions limits the ability to perform exercise programs/physical therapy treatment; or unresponsive to conservative measures

such as repositioning or heat/ice. The California MTUS Guidelines may support 9-10 visits of physical therapy for the treatment of unspecified myalgia and myositis to promote functional improvement. The documentation indicated that she had functional improvement after she received treatment of the lumbar and cervical spine. However, details regarding his prior treatment, including number of visits completed, and objective functional gains obtained, were not provided. Based on the lack of objective evidence of functional improvement with previous visits, the appropriateness of additional chiropractic adjustments and adjunctive physical therapy cannot be established. Further, the request failed to indicate what part of the body injured worker needs treatment. Therefore, despite evidence of current objective functional deficits and due to the lack of documentation the request is not supported. As such, the request for chiropractic adjustments and adjunctive physical therapy (interferential current or STM) 2 visits over 2 weeks beginning 04/02/2014 is not medically necessary.