

<b>Case Number:</b>	CM14-0083072		
<b>Date Assigned:</b>	07/21/2014	<b>Date of Injury:</b>	07/19/2012
<b>Decision Date:</b>	12/31/2014	<b>UR Denial Date:</b>	05/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/04/2014

### 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 Internal 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:

Pursuant to the Follow-Up Examination and PR-2 from the Primary Treating Physician dated April 9, 2014, the injured worker complains of bilateral lower back pain rated 7/10. He is also complaining of headache, and insomnia. Physical examination findings revealed range of motion of the lumbar spine flexion at 50 degrees, extension at 20 degrees, lateral right at 15 degrees, and lateral left at 20 degrees. The injured worker had moderate pain during the examination. There was decreased sensation along the cervical and lumbar dermatomes. The lumbar spine revealed tender areas on both sides (grade 3). Trigger points are present in the erector spinae bilaterally. Straight left test was positive on the left and right. Kemp's test was positive on the left and right with localized radiating low back pain. Patrick-Fabere test and Valsalva's test were negative bilaterally. According to documentation the injured worker underwent 10 weeks of physical therapy and chiropractic therapy as of January of 2014. It is unclear by the documentation how many sessions of each the injured worker received. The injured worker filled out an activity of daily living functional improvement assessment, which documents functional impairment. There were no objective functional improvement findings documented by the provider. The provider is recommending additional electrical manual stimulation, twice weekly for 3 week, lumbo-sacral spine; additional chiropractic manipulative therapy, once a week for 6 weeks, lumbo-sacral spine; and additional physical therapy, 3 times weekly for 2 week, lumbo-sacral spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**6 Sessions of Electrical Manual Stimulation to the Lumbo-Sacral Spine (2 times a week for 3 weeks): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NMES devices Page(s): 121.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Neuromuscular Electrical Stimulation Page(s): 121.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines, six sessions of electrical manual stimulation to the lumbosacral spine (two times per week for three weeks) is not medically necessary. The guidelines state neuromuscular electrical stimulation (NMES) 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, the injured worker is 57 years old. The injured workers working diagnoses are 1 to 2 mm diffuse disc bulge at L1 - L2, L2 - L3, L3 - L4, L4 - L5, and L5 S1 without significant spinal stenosis; probable post dramatic headaches; probable mild posterior medulla brain injury; bilateral lower extremity hypoesthesia; probable posttraumatic anxiety and depression; and probable insomnia. The documentation reflects the injured worker receives prior physical therapy modalities. The objective outcomes of these modalities including changes in range of motion, strength and objective functional improvement are not documented in the medical record. Additionally, NMES is not recommended. NMES is recommended for rehabilitation following stroke. There was no history of stroke in the medical record. Consequently, six sessions of electrical manual stimulation to the lumbar spine (two times per week for three weeks) is not medically necessary.

**6 Sessions of Chiropractic Manipulative Therapy to the Lumbo-Sacral--(1 times a week for 6 weeks): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and Manipulation Page(s): 58-59.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Low Back Section, Manipulation (Chiropractic)

**Decision rationale:** Pursuant to the official disability guidelines, six sessions of chiropractic manipulative therapy to the lumbosacral spine (one time per week for six weeks) is not medically necessary. The ODG permits up to six visits over two weeks for mild symptoms and signs; for severe symptoms a trial of six visits over two weeks with evidence of objective functional improvement. A total of up to 18 visits over 6 to 8 weeks may be indicated. Elective/maintenance is not medically necessary. For recurrences/flare-ups need to reevaluate treatment success. In this case, the injured worker received prior chiropractic manipulation (over 10 weeks- the number of visits is not documented. The documentation however, did not contain evidence of objective functional improvement. The guidelines permit additional manipulation, however, objective functional improvement needs to be demonstrated in the medical record by

the treating physician. Consequently, in the absence of the appropriate documentation, six sessions of chiropractic manipulative therapy to the lumbosacral spine (one time per week for six weeks) is not medically necessary. Based on clinical information in the medical record and the peer-reviewed evidence-based guidelines, six sessions of chiropractic manipulative therapy to the lumbosacral spine (one time per week for six weeks) is not medically necessary.

**6 Sessions of Physical Therapy to the Lumbo-Sacral Spine (3 times a week for 2 weeks):**

Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Low Back Section, Physical Therapy

**Decision rationale:** Pursuant to the Official Disability Guidelines, six sessions of physical therapy for the lumbosacral spine (three times per week for two weeks) is not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in positive direction, no direction, or negative direction (prior to continuing with physical therapy). The duration and frequency of physical therapy is numerator in the ODG. See ODG for details. In this case, the injured worker is being treated for disc bulges in the lumbar spine. The injured worker underwent prior physical therapy (over 10 visits- the number of sessions is not documented). The injured worker filled out an activity of daily living and functional assessment form. However, there is no documentary evidence of objective functional improvement (by the treating physician) in the medical record to warrant additional physical therapy. Consequently, absent the appropriate clinical indications (according to the ODG) documenting objective functional improvement, six sessions of physical therapy to the lumbosacral spine (three times per week for two weeks) is not medically necessary.