

<b>Case Number:</b>	CM14-0126445		
<b>Date Assigned:</b>	08/13/2014	<b>Date of Injury:</b>	04/04/2014
<b>Decision Date:</b>	01/27/2015	<b>UR Denial Date:</b>	07/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/08/2014

### 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 Chiropractor (DC) 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 39 year old male who injured his lower back on 4/4/2014 while performing his usual and customary duties as a warehouse worker. The mechanism of injury involves repetitive lifting, loading and unloading heavy tires. Per the PTP's progress report the subjective complaints are described as follows: "The patient is complaining of intermittent low back pain, which is sharp and stabbing in character. On a scale of 0 to 10, he rates his pain as 7-8 while resting and 9 with activities." The patient has been treated with medications, physical therapy, home exercise programs and chiropractic care. The diagnoses assigned by the PTP are lumbar myalgia and lumbar myospasm. There are no diagnostic imaging studies available in the records for review. The PTP is requesting 6 additional chiropractic care sessions with therapeutic exercises to the lumbar spine with 12 sessions of EMS/traction temperature gradient and sensory testing.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EMS/mechanical traction/temperature gradient, and sensory test X 12 visits:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

**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 Chapter, Manipulation, EMS, Traction, Sensory Testing and Temperature Gradient.

**Decision rationale:** The MTUS ODG Low Back Chapter does not recommend EMS, mechanical traction, temperature gradient nor sensory testing "as a primary treatment modality." For electrical modalities, The MTUS also states that "the necessity of the unit should be documented upon request." The records reviewed do not document this necessity. Per MTUS, I find that the 12 sessions of EMS/traction, sensory testing and temperature gradient requested to the lower back to not be medically necessary and appropriate.

**6 remaining Chiropractic visits -manipulation with therapeutic exercises for the LB:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and manipulation.

**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 Chapter, Manipulation.

**Decision rationale:** The PTP had originally requested 12 sessions of chiropractic care as an initial trial run. The UR department modified the request and authorized 6 sessions. The patient has received 6 chiropractic care sessions per the records provided. The PTP is now requesting authorization for the remaining 6 sessions. The progress reports provided from the treating physician do not show objective functional improvement as defined by MTUS with the 6 first sessions completed. The MTUS-Definitions page 1 defines functional improvement as a "clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management visit billed under the Official Medical Fee Schedule (OMFS) pursuant to Sections 9789.10-9789.11; and a reduction in the dependency on continued medical treatment." The MTUS ODG Low Back Chapter recommends for "flare-ups/recurrences need to re-evaluate treatment success, if RTW achieved then 1-2 visits every 4-6 months" with evidence of functional improvement. There has been no objective functional improvement with the rendered chiropractic care in the lumbar spine. I find that the 6 remaining chiropractic sessions requested to the lower back to not be medically necessary and appropriate.