

<b>Case Number:</b>	CM14-0171926		
<b>Date Assigned:</b>	10/23/2014	<b>Date of Injury:</b>	02/05/2009
<b>Decision Date:</b>	01/06/2015	<b>UR Denial Date:</b>	10/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/17/2014

### 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 Neurology, has a subspecialty in Neuromuscular Medicine, and is licensed to practice in New Jersey. 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 34-year-old woman who sustained a work-related injury on February 5, 2009. Subsequently, she developed chronic low back and elbow pain. The patient's diagnoses include lumbar spine discopathy. The most recent progress report dated September 22, 2014 is handwritten and only partially legible. The patient complained of numbness in the right arm and pain with motion. The lumbar spine was stiff and there was tenderness and spasm in the lumbar spine. The provider requested authorization for chiropractic treatment for the lumbar spine, Pro stim 5.0, and Intramuscular B-12 Injection.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **8 Chiropractic Treatment Visits for The Lumbar Spine: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58.

**Decision rationale:** According to MTUS guidelines, Manual therapy & manipulation<br/>Recommended 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. Low back: Recommended as an option. Therapeutic care - Trial of 6 visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks. Elective/maintenance care - Not medically necessary. Recurrences/flare-ups - Need to reevaluate. >Based on the patient's records, there is no functional deficits documented that could not be addressed with home exercise program. Therefore, the request for 8 Chiropractic Treatment Visits for The Lumbar Spine is not medically necessary.

**Pro Stim 5.0:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Percutaneous Electrical Nerve Stimulation Page(s): 97.

**Decision rationale:** According to MUTUS guidelines, TENS is not recommended as primary treatment modality, but a one month based trial may be considered, if used as an adjunct to a functional restoration program. There is no evidence that a functional restoration program is planned for this patient. Furthermore, there is no clear information about a positive one month trial of TENS. There is no recent documentation of recent flare of his pain. The provider should document how TENS will improve the functional status and the patient's pain condition. Therefore, the prescription of Pro Stim 5.0 is not medically necessary.

**Intramuscular B-12 Injection:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Vitamin B

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Vitamin B12. <http://www.rxlist.com/b12-drug.htm>

**Decision rationale:** There is no documentation of B-12 deficiency to justify B12 injection in this case.