MAXIMUS Federal Services

Case Number:	CM14-0194111		
Date Assigned:	12/01/2014	Date of Injury:	05/10/2004
Decision Date:	01/16/2015	UR Denial Date:	10/22/2014
Priority:	Standard	Application Received:	11/19/2014

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 Family 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:

This is a 68 year old female patient who sustained a work related injury on 5/10/2004.The exact mechanism of injury was not specified in the records provided. The current diagnoses include lumbago and lumbar degenerative disc disease and facet arthropathy. Per the doctor's note dated 10/14/14, patient has complaints of pain at 7/10. Physical examination revealed tenderness on palpation, decreased sensation, positive SLR and Facet loading test, 4/5 strength. Per the doctor's note dated 11/12/14 physical examination revealed ambulates with a steady gait without use of devices, diminished sensation over L5, S1 distribution, positive facet loading, swelling over lateral aspect of the left wrist, slight erythema, guarding, 4/5 strength. The medication lists include Zorvolex, Ibuprofen, Meloxicam and Tylenol. The patient has had cervical and the lumbar spine MRI on 2014 that revealed degeneration and stenosis at C2-7. The patient has received 20 chiropractic visits and 18 acupuncture visits for this injury. She had received an unspecified number of the PT visits for this injury. The patient has used a TENS unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic Sessions for Cervical Spine: 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 Page(s): 58 and 59.

Decision rationale: Per the MTUS guidelines regarding chiropractic treatment, "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."In addition the cite guideline states "Several studies of manipulation have looked at duration of treatment, and they generally showed measured improvement within the first few weeks or 3-6 visits of chiropractic treatment, although improvement tapered off after the initial sessions. If chiropractic treatment is going to be effective, there should be some outward sign of subjective or objective improvement within the first 6 visits."The patient has received 20 chiropractic visits and 18 acupuncture visits for this injury.She had received an unspecified number of the PT visits for this injury. The notes from the previous rehabilitation sessions were not specified in the records provided. There was no evidence of significant progressive functional improvement from the previous chiropractic visits therapy that is documented in the records provided. The records submitted contain no accompanying current chiropractic evaluation for this patient. A valid rationale as to why remaining rehabilitation cannot be accomplished in the context of an independent exercise program was not specified in the records provided. The medical necessity of the request for Chiropractic Sessions for Cervical Spine is not fully established for this patient.

Chiropractic Sessions for Lumbar Spine: 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 Page(s): 58 and 59.

Decision rationale: Per the MTUS guidelines regarding chiropractic treatment, "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."In addition the cite guideline states "Several studies of manipulation have looked at duration of treatment, and they generally showed measured improvement within the first few weeks or 3-6 visits of chiropractic treatment, although improvement tapered off after the initial sessions. If chiropractic treatment is going to be effective, there should be some outward sign of subjective or objective improvement within the first 6 visits."The patient has received 20 chiropractic visits and 18 acupuncture visits for this injury.She had received an unspecified number of the PT visits for this injury. The notes from the previous rehabilitation sessions were not specified in the records provided. There was no evidence of significant progressive

functional improvement from the previous chiropractic visits therapy that is documented in the records provided. The records submitted contain no accompanying current chiropractic evaluation for this patient. A valid rationale as to why remaining rehabilitation cannot be accomplished in the context of an independent exercise program was not specified in the records provided. The medical necessity of the request for Chiropractic Sessions for Lumbar Spine is not fully established for this patient.

Massage Therapy for Lower Back: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Massage Therapy Page(s): 60.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Massage therapy Page(s): 60.

Decision rationale: Per the CA MTUS guidelines cited below regarding massage therapy "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. 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." The patient has received 20 chiropractic visits and 18 acupuncture visits for this injury.She had received an unspecified number of the PT visits for this injury. The requested additional visits in addition to the previously rendered massage visits are more than recommended by the cited criteria. The records submitted contain no accompanying current massage therapy evaluation for this patient. There was no evidence of ongoing significant progressive functional improvement from the previous massage visits that is documented in the records provided. Previous massage visit notes were not specified in the records provided. A valid rationale as to why remaining rehabilitation cannot be accomplished in the context of an independent exercise program is not specified in the records provided. The medical necessity of the request for Massage Therapy for Lower Back is not fully established in this patient.

H-Wave Trial: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trancutaneous Electrotherapy Page(s): 114-121.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-wave stimulation (HWT) Page(s): 117 and 118.

Decision rationale: Per the CA MTUS Chronic Pain Medical Treatment Guidelines H-wave stimulation (HWT) is "Not recommended as an isolated intervention, but a one-month home-based trial of H Wave stimulation may be considered as a noninvasive conservative option for diabetic neuropathic pain, or chronic soft tissue inflammation if used as an adjunct to a program of evidence-based functional restoration, and only following failure of initially recommended conservative care, including recommended physical therapy (i.e., exercise) and medications, plus transcutaneous electrical nerve stimulation (TENS)." Per the records provided, any indications

listed above were not specified in the records provided.The records provided did not specify any evidence of neuropathic pain, CRPS I and CRPS II.The patient has used a TENS unit. The detailed response of previous TENS unit was not specified in the records provided. Any evidence of a trial and failure of a TENS for this injury was not specified in the records provided. Patient has received an unspecified number of PT visits for this injury. The records provided did not specify a response to conservative measures such as oral pharmacotherapy or splint in conjunction with rehabilitation efforts for this diagnosis. Any evidence of diminished effectiveness of medications or intolerance to medications was not specified in the records provided. The medical necessity of H-Wave Trial is not fully established for this patient.