

Case Number:	CM14-0205120		
Date Assigned:	12/17/2014	Date of Injury:	07/16/2013
Decision Date:	02/23/2015	UR Denial Date:	11/14/2014
Priority:	Standard	Application Received:	12/08/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Ohio
 Certification(s)/Specialty: Chiropractor, Oriental Medicine

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 35 year-old male with an original date of injury on July 16, 2013. The patient noted lower back pain and lower extremity pain as a result of wearing protective belt and vest while working as a patrol officer. The industrially related diagnosis are cervicgia, lumbar degenerative disc disease, lumbosacral neuritis, disc displacement, and lumbar spine sprain /strain. On November 12th, 2013, the patient underwent an MRI of the lumbar spine which showed 2mm L4-5 disc bulge, 3mm L5-S1 disc bulge, with degenerative disc disease at both levels, and multilevel degenerative pathology that is reflective of repetitive stress injury. On April 14, 2014, the patient was referred to have right sided L5 microdisectomy surgery, however, the patient decided not to proceed with surgery. To date, the patient has undergone 6 sessions of chiropractic decompression treatment to his lumbar spine, which have not made any difference to his symptoms. His oral medications are Norco, Zanaflex, and Nucynta. The patient also has had physical therapy of unknown number of sessions and unspecified response. A lumbar epidural steroid injection performed on 2/19/2014 failed to improvement his symptoms. The disputed issues are the requests for EMS twice a week for three weeks, along with rehab exercise, chiropractic manipulation therapy, and nonsurgical spinal decompression therapy. A utilization review on November 14, 2014 as noncertified these requests. The rationale for denial for EMS, nonsurgical spinal decompression, and chiropractic manipulation therapy was the guidelines recommend chiropractic care following an initial trial is based upon documented evidence of functional improvement. The claimant recently completed a course of chiropractic care. Modest progress is reported by the attending. Functional deficits remain despite these treatments. The

request for six additional treatment sessions does not appear to be supported by the guidelines. Therefore, these requests are not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electrical muscle stimulation (EMS) 2 times a week for 3 weeks and rehab exercise:

Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 118-119.

Decision rationale: MTUS states that: While not recommended as an isolated intervention, patient selection criteria if interferential stimulation is to be 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 (e.g., repositioning, heat/ice, etc.). If those criteria are met, then a one-month trial may be appropriate to permit the physician and physical medicine provider to study the effects and benefits. There is no evidence of a diminished effectiveness of medications or pain is ineffectively controlled with medications due to side effects. There is also no evidence of a history of substance abuse or the inability to perform physical therapy due to post-operative conditions. There is also no documentation that the claimant is unresponsive to conservative measures (e.g., repositioning, heat/ice, etc.). Since the MTUS criteria noted above for interferential stimulation (EMS) are not met, the request is not medically necessary.

Chiropractic manipulation therapy (CMT) 1-2: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58-60.

Decision rationale: Regarding the request for chiropractic care, Chronic Pain Medical Treatment Guidelines support the use of chiropractic care for the treatment of chronic pain caused by musculoskeletal conditions. However, these guidelines specify for an initial trial of up to 6 visits. Only with evidence of objective functional improvement, can further session be supported. The patient has already had 6 sessions of chiropractic sessions without documented improvement. Therefore, this request is not medically necessary.

Non-surgical spinal decompression therapy: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrical Nerve Stimulation (TENS).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173-174.

Decision rationale: Regarding the request for non-surgical spinal decompression therapy, Occupational Medicine Practice Guidelines state that there is no high-grade scientific evidence to support the use of traction. They go on to state the traction is not recommended. The current request for traction is open ended with no duration specified. The request is also open-ended. Therefore, based on MTUS guidelines, the currently requested non-surgical spinal decompression is not medically necessary.