

<b>Case Number:</b>	CM15-0131278		
<b>Date Assigned:</b>	07/17/2015	<b>Date of Injury:</b>	02/02/2015
<b>Decision Date:</b>	08/18/2015	<b>UR Denial Date:</b>	07/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/08/2015

### 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 47 year old female, who sustained an industrial injury on February 2, 2015, incurring low back injuries. Lumbar Magnetic Resonance Imaging revealed left disc protrusion, straightening of the lumbar lordosis and centralized disc extrusion. She was diagnosed with lumbar disc disease. Currently, the injured worker complained of persistent low back pain. She noted decreased range of motion of the lumbar spine on flexion and extension. The treatment plan that was requested for authorization included chiropractic treatments and physical therapy (Diathermy, electric muscle stimulation, massage and ultrasound).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic treatment, 8 visits:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines: Low Back, Lumbar & Thoracic (Acute & Chronic).

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

**Decision rationale:** In the case of this injured worker, the medical records indicate that previous chiropractic therapy has been trialed by this injured worker. This is indicated by the claims administrator in the utilization review determination letter. However, the functional benefit of this previous chiropractic manipulation was not documented. Functional benefit can be defined as any clinically significant improvement in daily activities, reduction of work restrictions, or return to work. Given the absence of documented functional improvement, this request is not medically necessary.

**Physical Therapy (Diathermy, EMS electric muscle stimulation), Massage, Ultrasound), 8 visits:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines: Low Back, Lumbar & Thoracic (Acute & Chronic).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine, Electric Muscle Stimulation Page(s): 99, 121.

**Decision rationale:** Physical therapy is generally a first line intervention in many musculoskeletal conditions and is recommended by the CPMTG. With regard to the request for electrical stimulation specifically within the context of PT, the Chronic Pain Medical Treatment Guidelines on page 121 state the following regarding Neuromuscular Electrical Stimulation (NMES) Devices: "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. (Moore, 1997) (Gaines, 2004)" "In this worker, the use of electrical stimulation is being proposed for musculoskeletal type pain. The guidelines recommend this as an option in spasticity of neurogenic origin such as following a stroke." Given the guidelines, this request is not medically necessary. Since this request cannot be modified by the IMR process, the entire original request is not medically necessary.