

<b>Case Number:</b>	CM15-0195620		
<b>Date Assigned:</b>	10/09/2015	<b>Date of Injury:</b>	03/18/2013
<b>Decision Date:</b>	11/30/2015	<b>UR Denial Date:</b>	09/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/05/2015

### 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: Chiropractor

### 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 was a 29 year old female, who sustained an industrial injury, March 18, 2013. The injured worker was undergoing treatment for lumbar myofascial and or myositis, lumbar muscle spasms, thoracic myalgia and or myofascitis, thoracic muscle spasms and muscle spasms buttocks bilaterally. According to progress note of August 11, 2015, the injured worker's chief complaint was bilateral lower back pain and left knee pain. The low back pain was described as aching, sharp and throbbing. The pain was rated as considered as moderate; pain level was 7 out of 10. The pain increased with physical activity. The pain radiated into the left buttocks, left foot, left hip, left toes, left upper back, right buttocks, right hip, and right upper back. The pain was reduced by lying down, medication, sitting, standing and stretching. The pain was aggravated by lifting, prolonged sitting, prolonged standing, prolonged walking and doing house work. The physical exam noted decreased range of motion in all planes of the lumbar spine. Range of motion caused mild to moderate pain in all planes. The injured worker was able to heel and toe walk without difficulty. The injured worker had a limping gait. The limp appeared to be on the left side. There was grade 3 tenderness of the lumbar spine region on both sides. The straight leg raises was positive bilaterally. There was tenderness in the sacral spine in the scaro tubercles on both sides grade 3. There was increased muscle tone in the gluteus on both sides. There were also trigger points noted in the gluteus bilaterally and iliopsoas bilaterally. There was tenderness in the spinous processes at T9-T12, grade 3. The injured worker previously received the following treatments Prilosec, Tramadol, Anaprox and Voltaren XR. The RFA (request for authorization) dated August 11, 2015; the following treatments were requested 6 chiropractic manipulative therapy (3-4 areas) in include myofascial release (8 min or more) and electrical muscle stimulation for the lower back. The UR (utilization review board) denied certification on

September 9, 2015; for the 6 chiropractic manipulative therapy (3-4 areas) in include myofascial release (8 min or more) and electrical muscle stimulation for the lower back which was modified to 1 time a week for 2 weeks.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**6 Chiropractic manipulative therapy (3-4 areas), to include myofascial release (8 min or more) and electronic muscle stimulation, for the lower back, 1 time a week for 6 weeks:**

Overtured

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine, Manual therapy & manipulation.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation, Physical Medicine.

**Decision rationale:** The medical necessity for the requested 6 treatments was established. The claimant presented to the provider's office complaining of an exacerbation of her chronic complaints. Given the clinical findings on examination a course of 6 treatments can be considered appropriate. The MTUS chronic pain treatment guidelines, page 58, give the following recommendations regarding manipulation: "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." The recommended 6 treatments are consistent with this guideline. The previous reviewer inappropriately applied medical treatment utilization schedule guidelines indicating that only 2 treatments were appropriate. As noted above the guidelines indicate an initial trial of 6 treatments can be considered appropriate. With respect to the physiotherapy modalities, California MTUS Guidelines, Chronic Pain Chapter; Physical Medicine, pages 98-99 indicates that "Passive therapy (those treatment modalities that do not require energy expenditure on the part of the patient) can provide short term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation and swelling and to improve the rate of healing soft tissue injuries. They can be used sparingly with active therapies to help control swelling, pain and inflammation during the rehabilitation process." Therefore, the medical necessity for the requested 6 treatments include manipulation and physiotherapy modalities can be considered appropriate and medically necessary.