

<b>Case Number:</b>	CM15-0208512		
<b>Date Assigned:</b>	10/27/2015	<b>Date of Injury:</b>	04/27/2015
<b>Decision Date:</b>	12/09/2015	<b>UR Denial Date:</b>	10/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/22/2015

### 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: Preventive Medicine, Occupational 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 63 year old male, who sustained an industrial injury on 4-27-15. The injured worker was diagnosed as having low back pain; lumbar strain; lumbar pain with radiculopathy. Treatment to date has included physical therapy (x12); chiropractic therapy; medications. Diagnostics studies included MRI lumbar spine (5-23-15). Currently, the PR-2 notes dated 10-12-15 indicated the injured worker complains of bilateral lower back pain and left leg pain. He describes his pain as shooting and aching. He experiences this pain half to three-fourths of his awake time, which seriously affects his daily activities. The provider documents "The patient rates his current level of pain at a 4 out of 10. He reports his pain symptoms are more pronounced when standing, sitting, and lifting." Another PR-2 note by a chiropractor dated 10-12-15 is an examination with these findings: "Muscle tenderness was palpated at the L2-S1 region bilaterally rated +2 out of +4. Lumbar range of motion is noted as flexion 60 out of 60 degrees, extension 15 out of 25, right and left rotation both 25 out of 30 degrees, right and left lateral flexion both 20 out of 25 degrees. Nachlas Test caused lumbo-sacral pain bilaterally. Ely's Test was positive for increased pain in the lumbo-sacral spine. Fajersztajn's Test was positive for increased pain in the lumbo-sacral spine. Kemp's Test was positive for increased pain in the lumbo-sacral spine." An Orthopedic consult of 6-24-15 opined that the injured worker would need surgery (lumbar decompression and fusion L4-5. The injured worker was not interested at this time in surgery or injections. The Injured worker was approved for 6 physical therapy treatments and completed by 8-6-15. A Lumbar MRI was done on 5-23-15 with an impression revealing "The spinal canal is moderate to severely stenotic. Moderate facet arthropathy and the spinal listhesis renders mild-to-moderate bilateral neural foraminal stenosis." PR-2 notes the injured worker complained of left-sided back pain with left L5 distribution of tingling and

burning into this lateral foot. The injured worker has diabetic peripheral neuropathy for 5 years. Chiropractic therapy was requested but not authorized per this note. A Request for Authorization is dated 10-22-15. A Utilization Review letter is dated 10-21-15 and non-certification for Chiropractic Manipulation 1-2 X Per Week 4-5 Week; Massage Therapy 1-2 X Per Week 4-8 Weeks and Electric Muscle Stimulation 1-2 X Per Week 4-6 Weeks. A request for authorization has been received for Chiropractic Manipulation 1-2 X Per Week 4-5 Week; Massage Therapy 1-2 X Per Week 4-8 Weeks and Electric Muscle Stimulation 1-2 X Per Week 4-6 Weeks.

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

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

#### **Chiropractic Manipulation 1-2 X Per Week 4-5 Week: Upheld**

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

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

**Decision rationale:** Per the MTUS Guidelines, chiropractic care consisting of manual therapy and manipulation for the low back is 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 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. A therapeutic trial of 6 visits over 2 weeks is recommended. If there is evidence of objective functional improvement, a total of up to 18 visits over 6 to 8 weeks is recommended. Elective or maintenance care is not recommended. Recurrences or flare-ups should be evaluated for treatment success, and if return to work is achieved, 1-2 visits every 4-6 months is reasonable. In this case, the injured worker has participated in an unknown number of previous chiropractic care sessions without documented improvement. The request for chiropractic manipulation 1-2 X per week 4-5 week is not medically necessary.

#### **Massage Therapy 1-2 X Per Week 4-8 Weeks: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Massage therapy.

**MAXIMUS guideline:** Decision based on MTUS Low Back Complaints 2004, Section(s): Physical Methods.

**Decision rationale:** Per the MTUS Guidelines, there is no high-grade scientific evidence to support the effectiveness or ineffectiveness of passive physical modalities such as traction, heat/cold applications, massage, diathermy, cutaneous laser treatment, ultrasound, transcutaneous electrical neurostimulation (TENS) units, and biofeedback. These palliative tools may be used on a trial basis but should be monitored closely. Emphasis should focus on functional restoration and return of patients to activities of normal daily living. In this case, the injured worker has participated in many sessions physical therapy and chiropractic care without improvement. The request for massage therapy 1-2 X per week 4-8 weeks is not medically necessary.

#### **Electric Muscle Stimulation 1-2 X Per Week 4-6 Weeks: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Electrical stimulators (E-stim), Transcutaneous electrotherapy.

**Decision rationale:** Per MTUS guidelines, the use of neuromuscular electrical stimulation (NMES) is not recommended for the treatment of chronic pain. NMES is a type of transcutaneous electrotherapy. 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. The scientific evidence related to electromyography (EMG)-triggered electrical stimulation therapy continues to evolve, and this therapy appears to be useful in a supervised physical therapy setting to rehabilitate atrophied upper extremity muscles following stroke and as part of a comprehensive PT program. Neuromuscular Electrical Stimulation Devices (NMES), NMES, through multiple channels, attempts to stimulate motor nerves and alternately causes contraction and relaxation of muscles, unlike a TENS device which is intended to alter the perception of pain. NMES devices are used to prevent or retard disuse atrophy, relax muscle spasm, increase blood circulation, maintain or increase range-of-motion, and re-educate muscles. Functional neuromuscular stimulation (also called electrical neuromuscular stimulation and EMG-triggered neuromuscular stimulation) attempts to replace stimuli from destroyed nerve pathways with computer-controlled sequential electrical stimulation of muscles to enable spinal cord- injured or stroke patients to function independently, or at least maintain healthy muscle tone and strength. Also used to stimulate quadriceps muscles following major knee surgeries to maintain and enhance strength during rehabilitation. The request for electric muscle stimulation 1-2 X per week 4-6 weeks is not medically necessary.