

<b>Case Number:</b>	CM15-0032341		
<b>Date Assigned:</b>	02/25/2015	<b>Date of Injury:</b>	05/16/1990
<b>Decision Date:</b>	04/10/2015	<b>UR Denial Date:</b>	01/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/20/2015

### 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: 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 70-year-old male with an industrial injury dated 05/16/1990. His diagnoses include lumbar facet syndrome, lumbar disc degeneration with failed back syndrome, thoracic spondylosis, and radiculitis left leg. No recent diagnostic testing was submitted or discussed. Previous treatments have included conservative measures, medications, and chiropractic therapy. In a progress note dated 01/20/2015, the treating physician reports moderate pain to the left lumbar spine and pelvis. The objective examination revealed restricted range of motion with radiating pain to the left lower extremity, positive straight leg raises, decreased deep tendon reflexes and spasms to palpation. The treating physician is requesting chiropractic therapy with electrical stimulation, myofascial release, and Cox flexion distraction, which was denied by the utilization review. On 01/30/2015, Utilization Review non-certified a request for 4 sessions of chiropractic manipulation, noting that the injured worker is more than 24 years status post injury and that the injured worker had been reportedly receiving 24 sessions per year for flare-ups which exceeds the MTUS recommended guidelines. The MTUS, MTUS Guidelines were cited. On 01/30/2015, Utilization Review non-certified a request for 4 sessions of Cox flexion distraction (reviewed as part of chiropractic therapy), noting that the injured worker is more than 24 years status post injury and that the injured worker had been reportedly receiving 24 sessions per year for flare-ups which exceeds the MTUS recommended guidelines. The MTUS, MTUS Guidelines were cited. 01/30/2015, Utilization Review non-certified a request for 4 sessions of myofascial and active release (reviewed as part of chiropractic therapy), noting that the injured worker is more than 24 years status post injury and that the injured worker had

been reportedly receiving 24 sessions per year for flare-ups which exceeds the MTUS recommended guidelines. The MTUS, MTUS Guidelines were cited. On 01/30/2015, Utilization Review non-certified a request for 4 sessions of electrical muscle stimulation (reviewed as part of chiropractic therapy), noting that the injured worker is more than 24 years status post injury and that the injured worker had been reportedly receiving 24 sessions per year for flare-ups which exceeds the MTUS recommended guidelines. The MTUS, MTUS Guidelines were cited. On 01/30/2015, Utilization Review non-certified a request for 4 sessions of chiropractic manipulation, noting that the injured worker is more than 24 years status post injury and that the injured worker had been reportedly receiving 24 sessions per year for flare-ups which exceeds the MTUS recommended guidelines. The MTUS, MTUS Guidelines were cited. On 02/20/2015, the injured worker submitted an application for IMR for review of 4 sessions of chiropractic manipulation, 4 sessions of Cox flexion distraction, 4 sessions of myofascial and active release, 4 sessions of electrical muscle stimulation, and 4 sessions chiropractic manipulation.

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

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

#### **Chiropractic Manipulation x4: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation, Physical Medicine Page(s): 58, 98.

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

**Decision rationale:** MTUS chronic pain medical treatment guidelines state that manual therapy and manipulation is recommended for chronic pain of cosmic muscular skilled conditions for the low back trial six visits over two weeks with evidence of functional improvement would permit a total of up to 18 visits 6 to 8 weeks. Maintenance care is not recommended. Recurrences/flare-ups are addressed with 1 to 2 visits every 4 to 6 months. Previous chiropractic treatment is far exceeded these guidelines and objective functional improvement is not documented. Based on the chronic pain medical treatment guidelines and the lack of objective functional improvement request for four chiropractic visits is not medically necessary.

#### **Cox Flexion Distraction x4: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation, Physical Medicine Page(s): 58, 98.

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

**Decision rationale:** Cox flexion distraction is a chiropractic technique and is addressed by the MTUS chronic pain medical treatment guidelines under manual therapy manipulation. MTUS chronic pain medical treatment guidelines state that manual therapy and manipulation is recommended for chronic pain of cosmic muscular skilled conditions for the low back trial six

visits over two weeks with evidence of functional improvement would permit a total of up to 18 visits 6 to 8 weeks. Maintenance care is not recommended. Recurrences/flare-ups are addressed with 1 to 2 visits every 4 to 6 months. Previous chiropractic treatment is far exceeded these guidelines and objective functional improvement is not documented. Based on the chronic pain medical treatment guidelines and the lack of objective functional improvement request for four Cox flexion distraction treatments is not medically necessary.

**Myofascial and active release x4:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation, Physical Medicine Page(s): 58, 98.

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

**Decision rationale:** Myofascial neck release considered a form of manual therapy. MTUS chronic pain medical treatment guidelines state that manual therapy and manipulation is recommended for chronic pain of cosmic muscular skilled conditions for the low back trial six visits over two weeks with evidence of functional improvement would permit a total of up to 18 visits 6 to 8 weeks. Maintenance care is not recommended. Recurrences/flare-ups are addressed with 1 to 2 visits every 4 to 6 months. Previous manual therapy treatment has far exceeded these guidelines and objective functional improvement is not documented. Based on the chronic pain medical treatment guidelines and the lack of objective functional improvement request for four sessions of myofascial and active release is not medically necessary.

**EMS elec mm Stm x4:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation, Physical Medicine Page(s): 58, 98.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Inferential Current Stimulation Page(s): 118-120.

**Decision rationale:** MTUS chronic pain medical treatment guidelines state that interferential current stimulation (electric stim) is not recommended as an isolated intervention. There is no quantity of evidence of effectiveness except in conjunction with recommended treatments, including return to work, exercise medications, and limited evidence of improvement on those recommended treatments alone. Since the treatments requested in conjunction with this therapy are not medically necessary, the request for four sessions of EMS is not medically necessary based on the chronic pain medical treatment guidelines.

**Chiropractic Manipulation x4:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation, Physical Medicine Page(s): 58, 98.

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines, Chronic Pain Treatment Guidelines Manual therapy and manipulation Page(s): 58, 60.

**Decision rationale:** MTUS chronic pain medical treatment guidelines state that manual therapy and manipulation is recommended for chronic pain of cosmic muscular skilled conditions for the low back trial six visits over two weeks with evidence of functional improvement would permit a total of up to 18 visits 6 to 8 weeks. Maintenance care is not recommended. Recurrences/flare-ups are addressed with 1 to 2 visits every 4 to 6 months. Previous chiropractic treatment is far exceeded these guidelines and objective functional improvement is not documented. Based on the chronic pain medical treatment guidelines and the lack of objective functional improvement request for four chiropractic visits is not medically necessary.