

Case Number:	CM15-0041100		
Date Assigned:	03/09/2015	Date of Injury:	05/30/1997
Decision Date:	04/21/2015	UR Denial Date:	02/05/2015
Priority:	Standard	Application Received:	03/04/2015

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: New Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 female, who sustained an industrial injury on 5/30/97. She has reported a low back injury. The diagnoses have included cervicobrachial syndrome, thoracic or lumbosacral neuritis or radiculitis and facet syndrome. Treatment to date has included medications, chiropractic, diagnostics, and conservative measures. Currently, as per the physician progress note dated 1/23/15, the injured worker has reported that overall the treatment was helping the neck more than the low back; however the low back did have increased motion. The injured worker reported that the neck pain radiates to the shoulder and was decreased. The pain was rated 3/10 on pain scale and 70 percent improved. She also noted that looking up still caused her to have dizziness. She complained of low back pain that radiates to the buttocks and rated 6-7/10 on pain scale. It was noted that almost all activities still hurt the low back and she was 20 percent improved. She used a cane to walk. The physical exam of the cervical spine and lumbar revealed decreased range of motion, pain and tenderness, and spasm. There was positive foraminal compression, Jackson's compression, and shoulder distraction, positive cervical distraction, positive Nachlas bilaterally, positive straight leg raise bilaterally, and positive Lasegue's bilaterally. There was decreased motor strength bilaterally. There was previous chiropractic sessions noted. The Treatment Plan included chiropractic 2 times a week for 3 weeks for an additional 6 visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 chiropractic manipulation: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Manual therapy & manipulation Page(s): 58.

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

Decision rationale: According to MTUS guidelines, Manual therapy & manipulation "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 of Manual Medicine 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. Manipulation is manual therapy that moves a joint beyond the physiologic range-of-motion but not beyond the anatomic range-of-motion. Low back: Recommended as an option. Therapeutic care, Trial of 6 visits over 2 weeks, with evidence of objective functional improvement, up to 18 visits over 6-8 weeks. Elective/maintenance care, is not medically necessary. Recurrences/flare-ups Need to reevaluate". Based on the patient's records, there is no functional deficits documented that could not be addressed with home exercise program. In addition, the patient completed a certain number of chiropractic sessions without any documentation of objective and functional improvement. Therefore, the request for 6 chiropractic manipulation is not medically necessary.

6 manual therapy: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, manual therapy & manipulation Page(s): 58.

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

Decision rationale: According to MTUS guidelines, Manual therapy & manipulation, "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 of Manual Medicine 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. Manipulation is manual therapy that moves a joint beyond the physiologic range-of-motion but not beyond the anatomic range-of-motion. Low back: Recommended as an option. Therapeutic care, Trial of 6 visits over 2 weeks, with evidence of objective functional improvement, up to 18 visits over 6-8 weeks. Elective/maintenance care is not medically necessary. Recurrences/flare-ups, Need to reevaluate". Based on the patient's records, there is no functional deficits documented that could not be addressed with home exercise program. Furthermore, there is evidence of functional gain with previous manual therapy. Therefore, the request for 6 manual therapy sessions is not medically necessary.

6 electric muscle stimulation: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Neuromuscular electrical stimulation (NMES devices) Page(s): 121.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Neuromuscular electrical stimulation (NMES devices) Page(s): 121.

Decision rationale: According to MTUS guidelines, 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) 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. There is no documentation that the patient developed a stroke. There is no documentation that a rehabilitation program will be used in combination with the neuromuscular electrical stimulation. The patient developed a chronic pain syndrome and the rational for the request for a neuromuscular electrostimulation isn't clear. Therefore, the request for 6 electric muscle stimulation is not medically necessary.