

<b>Case Number:</b>	CM15-0082634		
<b>Date Assigned:</b>	05/05/2015	<b>Date of Injury:</b>	04/11/1996
<b>Decision Date:</b>	07/14/2015	<b>UR Denial Date:</b>	04/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/29/2015

### 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 55 year old female who sustained an industrial injury on 04/11/1996. The injured worker was diagnosed with thoracic sprain/strain, lumbosacral sprain/strain and cervical sprain/strain. Treatment to date includes chiropractic manipulation, electrical muscle stimulation, and intersegmental traction for flare-ups. According to the primary treating physician's progress report on March 30, 2015, the injured worker reports frequent slight to severe mid back pain, constant slight to severe low back pain and frequent minimal to moderate neck pain. Examination of the lumbar spine demonstrated flexion to knee level, extension decreased bilaterally due to pain and all other lumbar range of motion decreased approximately 5%. Cervical range of motion was decreased about 5% in all planes with moderate neck pain. There were no medications documented. Treatment plan consists of specific chiropractic adjustments for pain flare ups. The current request is for unknown chiropractic manipulation, unknown electrical muscle stimulation, unknown intersegmental traction and 1 flare upper visit.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Unknown Chiropractic Manipulation:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines state on pages 58-60 the following regarding 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, total of up to 18 visits over 6-8 weeks. Elective/maintenance care, Not medically necessary. Recurrences/flare-ups, Need to re-evaluate treatment success, if RTW achieved then 1-2 visits every 4-6 months. Ankle & Foot: Not recommended. Carpal tunnel syndrome: Not recommended. Forearm, Wrist, & Hand: Not recommended. Knee: Not recommended. Treatment Parameters from state guidelines: a. Time to produce effect: 4 to 6 treatments; b. Frequency: 1 to 2 times per week the first 2 weeks, as indicated by the severity of the condition. Treatment may continue at 1 treatment per week for the next 6 weeks. c. Maximum duration: 8 weeks. At week 8, patients should be reevaluated. Care beyond 8 weeks may be indicated for certain chronic pain patients in whom manipulation is helpful in improving function, decreasing pain and improving quality of life. In these cases, treatment may be continued at 1 treatment every other week until the patient has reached plateau and maintenance treatments have been determined. In the case of this injured worker, there is no comprehensive summary of chiropractic to date or functional benefit from prior chiropractic treatment. In this request, there was no specification of duration of treatment, and this is not an appropriate manner to order this request. Given these factors, this request is not medically necessary.

**Unknown Electrical Muscle Stimulation:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NMES Page(s): 121.

**Decision rationale:** With regard to the request for electrical stimulation, 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.

**Unknown Intersegmental traction:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173-4.

**Decision rationale:** ACOEM PRACTICE GUIDELINES, Ch 9 Neck and Upper Back Complaints on pages 173-174 states: "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, ultra- sound, 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." Given this, the request for traction is not appropriate for a couple reasons. Firstly, there is not a specified number of sessions. Secondly, although progress notes document prior benefit for traction, there was no clear cut documentation of objective functional gains from prior traction. These two factors should also be considered in light of the paltry evidence to support this modality. This request is not medically necessary.

**1 Flare Up visit:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic Pain Chapter, Office visits.

**Decision rationale:** With regard to the request for 1 flare up visit, the Official Disability Guidelines (ODG), Chronic Pain Chapter, state the following regarding Office visits: "Recommended as determined to be medically necessary. Evaluation and management (E&M) outpatient visits to the offices of medical doctor(s) play a critical role in the proper diagnosis and return to function of an injured worker, and they should be encouraged. The need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medicines such as opiates, or medicines such as certain antibiotics, require close monitoring. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system through self care as soon as clinically

feasible. The ODG Codes for Automated Approval (CAA), designed to automate claims management decision-making, indicates the number of E&M office visits (codes 99201-99285) reflecting the typical number of E&M encounters for a diagnosis, but this is not intended to limit or cap the number of E&M encounters that are medically necessary for a particular patient. Office visits that exceed the number of office visits listed in the CAA may serve as a flag to payors for possible evaluation, however, payors should not automatically deny payment for these if pre- authorization has not been obtained. Note: The high quality medical studies required for treatment guidelines such as ODG provides guidance about specific treatments and diagnostic procedures, but not about the recommended number of E&M office visits. Studies have and are being conducted as to the value of virtual visits compared with inpatient visits, however the value of patient/doctor interventions has not been questioned. (Dixon, 2008) (Wallace, 2004) Further, ODG does provide guidance for therapeutic office visits not included among the E&M codes, for example Chiropractic manipulation and Physical/Occupational therapy." Since this patient continues to suffer neck and low back pain, it is appropriate to have an evaluation and management by the requesting healthcare provider. This has been documented through notes from late 2014 to March 2015. This request is medically necessary.