

Case Number:	CM14-0134733		
Date Assigned:	08/27/2014	Date of Injury:	07/23/2011
Decision Date:	10/24/2014	UR Denial Date:	07/31/2014
Priority:	Standard	Application Received:	08/21/2014

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in Illinois. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 50-year-old who injured her back and right hip at work on July 23, 2011. At office visits in February, March, April, May, June, and July 2014 she complained of low back pain, back spasms, sacroiliac joint pain, and lower extremity pain with numbness. She had back tenderness and a positive straight leg raise. Her diagnosis was lumbar herniated nucleus pulposus. She has had numerous chiropractic and physical therapy sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 x 6 for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical therapy Page(s): 474.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Physical Medicine treatment

Decision rationale: Per Chronic Pain Medical Treatment Guidelines and Official Disability Guidelines, physical therapy is recommended. Passive therapy (those treatment modalities that do not require energy expenditure on the part of the worker) can provide short term relief during the early phases of acute pain treatment or acute exacerbations of chronic pain 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. Active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Active therapy requires an internal effort by the individual to complete a specific exercise or task. This form of therapy may require supervision from a therapist or medical provider such as verbal, visual and/or tactile instruction(s). Workers are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Home exercise can include exercise with or without mechanical assistance or resistance and functional activities with assistive devices. Official Disability Guidelines allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home physical therapy. Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks; Neuralgia, neuritis, and radiculitis, unspecified (ICD9 729.2): 8-10 visits over 4 weeks. The worker has had numerous chiropractic and physical therapy sessions. However, there is no documentation of functional improvement, return to a full workload, decrease in medications, or better ease of performing activities of daily living. Additional physical therapy sessions are only authorized with evidence of improvement. Therefore the request is not medically necessary.

Chiropractor visits 2 x6 for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58-60. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), +- Manipulation

Decision rationale: Per Chronic Pain Medical Treatment Guidelines, the only mention of chiropractic treatment for the back is that manipulation appears safe and effective in the first few weeks of back pain without radiculopathy. Of note is that most studies of manipulation have compared it with interventions other than therapeutic exercise, hence its value as compared with active, rather than passive, therapeutic options is unclear. Nonetheless, in the acute phases of injury manipulation may enhance worker mobilization. If manipulation does not bring improvement in three to four weeks, it should be stopped and the worker reevaluated. For workers with symptoms lasting longer than one month, manipulation is probably safe but efficacy has not been proved. Per Official Disability Guidelines, manipulation is recommended as an option. Mild: up to 6 visits over 2 weeks, Severe: Trial of 6 visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks. The worker has had numerous chiropractic and physical therapy sessions. However, there is no documentation of functional improvement, return to a full workload, decrease in medications, or better ease of performing activities of daily living. Additional manipulation sessions are only authorized with evidence of improvement. Therefore the request is not medically necessary.

TENS unit rent/purchase for the lumbar: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrical nerve stimulation (TENS).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 114-116. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic (Acute & Chronic), Transcutaneous electrical nerve stimulation

Decision rationale: Transcutaneous electrical nerve stimulation is not recommended as a primary treatment modality, but a one-month home-based transcutaneous electrical nerve stimulation trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration, including reductions in medication use, for the conditions described below. While transcutaneous electrical nerve stimulation may reflect the long-standing accepted standard of care within many medical communities, the results of studies are inconclusive; the published trials do not provide information on the stimulation parameters which are most likely to provide optimum pain relief, nor do they answer questions about long-term effectiveness (Carroll-Cochrane, 2001). Several published evidence-based assessments of transcutaneous electrical nerve stimulation have found that evidence is lacking concerning effectiveness. One problem with current studies is that many only evaluated single-dose treatment, which may not reflect the use of this modality in a clinical setting. Other problems include statistical methodology, small sample size, influence of placebo effect, and difficulty comparing the different outcomes that were measured. The worker has had numerous chiropractic and physical therapy sessions without documentation of functional improvement, return to a full workload, decrease in medications, or better ease of performing activities of daily living. There is no evidence the worker is participating in a home exercise program. A treatment plan including the specific short- and long-term goals of treatment with the transcutaneous electrical nerve stimulation unit has not been submitted. Therefore the request is not medically necessary.