

Case Number:	CM14-0181438		
Date Assigned:	11/06/2014	Date of Injury:	02/06/2014
Decision Date:	12/09/2014	UR Denial Date:	10/27/2014
Priority:	Standard	Application Received:	10/31/2014

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 Internal Medicine and is licensed to practice in California. 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:

The injured worker (IW) is a 36-year-old man who sustained an injury on February 6, 2014. The mechanism of injury was due to cumulative trauma. Pursuant to the progress note dated September 24, 2014, the IW complains of pain in the mid/upper back, and neck with radiation. Physical exam revealed tenderness and spasm of the cervical, thoracic and lumbar spine. Decreased range of motion of the cervical spine was noted. Cervical compression test was positive. Straight leg raise test was positive. The IW reports that chiropractic therapy helps to decrease his pain and tenderness. He indicated that activities of daily living have improved by 20%. The IW has been diagnosed with cervical spine sprain/strain with radiculitis; rule-out cervical spine discogenic disease; thoracic spine sprain/strain; lumbar spine sprain/strain; rule-out lumbar spine discogenic disease; bilateral chest was strain; bilateral wrist sprain/strain; and rule-out bilateral carpal tunnel syndrome. Current medications were not documented. The provider recommends continued chiropractic therapy to the cervical, thoracic, and lumbar spine, two times a week for six weeks, and referral for localized intense neurostimulation therapy (LINT) of the lumbar spine, once a week for 6 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic Manipulation 2 times per week times 6 weeks cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58-59.

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

Decision rationale: Pursuant to the Official Disability Guidelines, chiropractic manipulation two times per week for six weeks to the cervical is not medically necessary. The Official Disability Guidelines provide the frequency and duration for chiropractic manipulation. For cervical mild strain, up to six visits over two or three weeks; moderate, trial of six visits over to three weeks; severe, trial of 10 visits over 4 to 6 weeks. In all trials, additional chiropractic manipulation requires evidence of objective functional improvement. Manipulation is recommended for chronic pain is caused by musculoskeletal conditions the intended goal is the achievement of positive symptomatic or objective measurable gains and functional improvement best facilitate progression in the patient's therapeutic exercise program and returned to productive activities. In this case, the medical record indicates complaints of neck pain, mid upper back pain and low back pain with tenderness and spasm of the cervical spine, thoracic spine and lumbar spine. There is associated decreased range of motion. Prior physical therapy did not provide objective functional improvement. The documentation does not explain whether the neck symptoms are mild, moderate or severe that would in turn affect the number of visits that would be required. For mild cervical strain, up to six visits over 2 to 3 weeks would be appropriate. The requesting physician ordered two times per week for six weeks. This is an excess of what the guidelines permit. Based on the clinical information in the medical record and the peer-reviewed evidence-based guidelines, chiropractic manipulation two times per week for six weeks of the cervical spine is not medically necessary.

Chiropractic Manipulation 2 times per week times 6 weeks thoracic spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58-59.

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

Decision rationale: Pursuant to the Official Disability Guidelines, chiropractic manipulation two times per week for six weeks to the thoracic spine is not medically necessary. The Official Disability Guidelines provide the frequency and duration for chiropractic manipulation. For manipulation of the back the ODG provides guidelines. For mild symptoms, chiropractic manipulation up to six visits over two weeks; for severe symptoms, trial of six visits over two weeks. Evidence of objective functional improvement must be demonstrated. Manipulation is recommended for chronic pain is caused by musculoskeletal conditions the intended goal is the achievement of positive symptomatic or objective measurable gains and functional improvement best facilitate progression in the patient's therapeutic exercise program and returned to productive activities. In this case, the medical record indicates complaints of mid-upper back pain with tenderness and spasm. There is associated decreased range of motion. The documentation does not explain whether the upper back symptoms are mild moderate or severe. That would, in turn,

affect the number of allowable visits. Mild thoracic symptoms/signs would permit six visits over two weeks with follow-up demonstrating objective functional improvement. The requesting physician ordered manipulation two times per week for six weeks which is in excess of the permitted guidelines. Prior physical therapy did not provide objective functional improvement. Based on clinical information in the medical record and the peer-reviewed evidence-based guidelines, chiropractic manipulation two times per week for six weeks to the thoracic spine is not medically necessary.

Chiropractic Manipulation 2 times per week times 6 weeks lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58.

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

Decision rationale: Pursuant to the Official Disability Guidelines, chiropractic manipulation two times per week for six weeks to the lumbar spine is not medically necessary. The Official Disability Guidelines provide the frequency and duration for chiropractic manipulation. For manipulation of the lumbar spine the ODG provides guidelines. For mild symptoms, chiropractic manipulation up to six visits over two weeks; for severe symptoms, a trial of six visits over two weeks. Evidence of objective functional improvement must be demonstrated. Manipulation is recommended for chronic pain is caused by musculoskeletal conditions the intended goal is the achievement of positive symptomatic or objective measurable gains and functional improvement best facilitate progression in the patient's therapeutic exercise program and returned to productive activities. In this case, the medical record indicates complaints of low back pain with tenderness and spasm. There is associated decreased range of motion. The documentation does not explain whether the back symptoms are mild, moderate or severe. That would, in turn, affect the number of allowable visits. Mild lumbar (low back) symptoms/signs would permit six visits over two weeks with follow-up demonstrating objective functional improvement. The requesting physician ordered manipulation two times per week for six weeks, which is in excess of the permitted guidelines. Prior physical therapy did not provide objective functional improvement. Based on clinical information in the medical record in the peer-reviewed evidence-based guidelines, chiropractic manipulation two times per week for six weeks to the thoracic spine is not medically necessary.

Localized intense neurostimulation therapy (LINT) 1 time per week times 6 weeks for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 121.

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

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines, LINT one times per week times six weeks the lumbar spine is not medically necessary. The guidelines state this type of neuromuscular therapy is not recommended. LINT (Neuromuscular Electrical Stimulation (NMES)) is used primarily as part of a rehabilitation program following stroke and there is no evidence to support its use. There are no intervention trials suggesting benefit from an NMES. The use of this device has not been proven efficacious for treatment of chronic pain. Additionally, there were no compelling clinical facts to warrant use of this device. In this case, the requesting physician ordered LINT one time per week for six weeks. The device, however, is not recommended and there is no evidence to support its use. Based on clinical information the medical record and the peer-reviewed evidence-based guidelines, LINT one time per week for six weeks is not medically necessary.