

<b>Case Number:</b>	CM14-0093955		
<b>Date Assigned:</b>	09/10/2014	<b>Date of Injury:</b>	11/30/2012
<b>Decision Date:</b>	10/14/2014	<b>UR Denial Date:</b>	05/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/23/2014

### 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 Physical Medicine and Rehabilitation 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:

The injured worker is a 36-year-old male with a reported date of injury on 11/30/2012. The mechanism of injury was noted to be cumulative trauma. His diagnoses were noted to include lumbar disc displacement without myelopathy, sacroiliac joint inflammation, lumbar myalgia/myofasciitis, thoracalgia, and probable post-traumatic anxiety and depression. His previous treatments were noted to include chiropractic treatment, physical therapy, TENS unit, massage, hot and cold packs, and medications. The progress note, dated 11/25/2013, revealed complaints of low back pain rated 6/10, described as aching, stabbing, and throbbing. The injured worker indicated that the pain was lessened by stretching while bending. The physical examination revealed decreased range of motion to the lumbar spine, decreased sensation to the L4-5. The Kemp's test, Valsalva test, and straight leg raise were positive bilaterally. The sacroiliac testing was positive bilaterally. The motor strength testing was rated 5/5. The Request for Authorization form was not submitted within the medical records.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic Manipulation Therapy Middle and Lower Back 3-4 Areas Myofascial Release/EMS:** 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 Manual therapy and Manipulation, page 58, Massage therapy, page 60, Neuromuscular Electrical Sti.

**Decision rationale:** The injured worker has undergone physical therapy, chiropractic treatment, massage therapy, epidural steroid injections, with minimal benefit. The MTUS Chronic Pain Guidelines recommends manual therapy and manipulation 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 and functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. The MTUS Chronic Pain Guidelines recommend for the low back a trial of 6 visits over 2 weeks and with evidence of objective functional improvement, a total of up to 18 visits over 6 to 8 weeks. The Guidelines recommend massage therapy to be used as an adjunct to other recommended treatments such as exercise, and it should be limited to 4 to 6 visits in most cases. Many studies lack long term followup, and massage is beneficial in attenuating diffuse musculoskeletal symptoms, but beneficial effects were registered only during treatment. Massage is a passive intervention, and treatment dependence should be avoided. The Guidelines do not recommend neuromuscular electrical stimulation. NMES is used primarily as part of a rehabilitation program following a 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. The guidelines do not recommend NMES for chronic pain, and the myofascial release is a passive treatment, which should not be depended upon. The injured worker has had previous chiropractic treatment; however, without quantifiable objective functional improvement and the number of sessions completed, additional chiropractic treatment is not appropriate at this time. Therefore, the request is not medically necessary.