

<b>Case Number:</b>	CM14-0089421		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	09/08/2011
<b>Decision Date:</b>	06/03/2015	<b>UR Denial Date:</b>	06/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/13/2014

### 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. 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: Pennsylvania  
 Certification(s)/Specialty: Internal 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 68 year old male who sustained an industrial injury on 9/8/11. He reported initial complaints of low back and right knee pain. The injured worker was diagnosed as having lumbar sprain/strain with radiculopathy, right, and right knee sprain. Treatment to date has included chiropractic therapy. Diagnostics included MRI of the right knee (11/2/11), and MRI of the lumbar spine (11/2/11). The PR-2 notes dated 9/23/11 indicated the injured worker reports he fell on his back as he opened the back door of the car, twisted his right knee and sprained his lower back. He complains of persistent pain and restricted mobility in his low back with radiating pain to the right knee. The physical examination notes decreased range of motion of the lumbar spine, paravertebral muscular spasm L1-L5 bilaterally mostly right, straight leg raise 40 degrees right and 70 degrees left. He is able to do 90% of a deep knee bending with pain. The injured worker was diagnosed at this time with a severe flare-up of lumbar spine sprain/strain with radiculopathy right, and severe flare-up of the right knee sprain. Treatment plan was chiropractic treatment 3x week for 5-6 weeks, including spinal manipulation, ultrasound, interferential muscle stimulation, and intersegmental traction. Work status was noted as unable to perform usual work. Subsequent PR-2 notes dated 10/31/11 and 11/30/11 demonstrate the same therapy continued and that the injured worker was discharged from the treating chiropractor's care on 11/30/11. Work status on 11/30/11 was noted as off work. Chiropractic treatment notes were not submitted, however billing records include 14 sessions of manipulation from 9/26/11 to 10/27/11. During this course of treatment, a MRI of the right knee was completed on 11/2/11 and revealed mild osteoarthritic changes of the knee joint

predominantly affecting the medial compartment, horizontal cleavage tear, posterior horn and body, medial meniscus, and knee joint effusion. MRI of the lumbar spine on 11/2/11 revealed mild spondylosis at multiple levels, lumbar muscular spasm, mild neural foraminal stenosis L2- S1 caused by 3mm intraforaminal disc protrusions at L2-S1. The provider has requested retrospectively 9 sessions of spinal manipulation between 10/31/2011 and 11/28/2011; 9 Sessions of inferential muscle stimulation, 9 sessions of ultrasound between 10/31/2011 and 11/28/2011; and 9 sessions of inter segmental traction between 10/31/2011 and 11/28/2011. On 6/7/14, Utilization Review (UR) non-certified the services currently under Independent Medical Review, citing the ACOEM and ODG.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**9 sessions of spinal manipulation between 10/31/2011 and 11/28/2011: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-299.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines manual therapy and manipulation Page(s): 58-60.

**Decision rationale:** Per the MTUS for Chronic Pain, the purpose of manual medicine is functional improvement, progression in a therapeutic exercise program, and return to productive activities (including work). Per the MTUS for Chronic Pain, a trial of 6 visits of manual therapy and manipulation may be provided over 2 weeks, with any further manual therapy contingent upon functional improvement. In this case, the documentation indicates that this injured worker received 14 sessions of manipulation to the spine between 9/26/11 and 10/27/11. There was no documentation of functional improvement as a result of this treatment, including no document-tation of return to work or improvement in activities of daily living and no documentation of progression to a therapeutic exercise program. Due to lack of documentation of functional improvement after the additional trial of chiropractic manipulation, the request for 9 sessions of spinal manipulation between 10/31/2011 and 11/28/2011 is not medically necessary.

**9 Sessions of inferential muscle stimulation: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 299-300. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300,Chronic Pain Treatment Guidelines interefereential current stimulation Page(s): 118- 120,Postsurgical Treatment Guidelines.

**Decision rationale:** The ACOEM states that insufficient evidence exists to determine the effectiveness of interferential therapy. Per the MTUS, interferential current stimulation is not recommended as an isolated intervention. There is no quality evidence of effectiveness except in conjunction with recommended treatments including return to work, exercise, and medications. There are no standardized protocols for the use of interferential stimulation. If

certain criteria are met, a one month trial may be appropriate to permit the physician and physical medicine provider to determine effects and benefits. Criteria include pain which is ineffectively controlled by medications, history of substance abuse, pain from postoperative conditions that limit the ability to perform exercise programs, or lack of response to conservative measures. None of these criteria were present for this injured worker. The MTUS for Chronic Pain provides very limited support for interferential treatment, notes the poor quality of medical evidence in support of interferential stimulation therapy, and states that there is insufficient evidence for using interferential stimulation for wound healing or soft tissue injury. The treating physician has not provided a treatment plan which includes interferential stimulation therapy in the context of the recommendations of the MTUS. This includes return to work, and exercise. Due to lack of presence of criteria for this therapy for this injured worker, and lack of recommendation of interferential stimulation especially in the absence of documentation of return to work or exercise for this injured worker, the request for 9 Sessions of inferential muscle stimulation is not medically necessary.

**9 sessions of ultrasound between 10/31/2011 and 11/28/2011: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, Acupuncture Treatment Guidelines, Chronic Pain Treatment Guidelines ultrasound, therapeutic Page(s): 122.

**Decision rationale:** This injured worker has diagnoses of lumbar sprain/strain with radiculopathy. The MTUS states that therapeutic ultrasound is not recommended for chronic pain. Despite many years of clinical use, the effectiveness of ultrasound for treating pain, musculoskeletal injuries, and soft tissue lesions remains questionable. There is little evidence that active therapeutic ultrasound is more effective than placebo ultrasound for treating pain or a range of muscuolskeletal injuries or for promoting soft tissue healing. The ACOEM states that physical modalities such as ultrasound have no proven efficacy in treating acute low back symptoms. Due to lack of recommendation by the guidelines, the request for 9 sessions of ultrasound between 10/31/2011 and 11/28/2011 is not medically necessary.

**9 sessions of inter segmental traction between 10/31/2011 and 11/28/2011: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, 308.

**Decision rationale:** This injured worker has diagnoses of lumbar sprain/strain with radiculopathy. Traction is specifically not recommended by the MTUS. Traction has not been proved effective for lasting relief in treating low back pain. Because evidence is insufficient to support using vertebral axial decompression for treating low back injuries, it is not recommended. Due to lack of recommendation by the guidelines, the request for 9 sessions of intersegmental traction between 10/31/2011 and 11/28/2011 is not medically necessary.