

<b>Case Number:</b>	CM15-0174425		
<b>Date Assigned:</b>	09/15/2015	<b>Date of Injury:</b>	03/29/2013
<b>Decision Date:</b>	11/09/2015	<b>UR Denial Date:</b>	08/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/04/2015

### 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, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 59 year old male who sustained an industrial injury on 3-29-13. Progress report dated 7-14-15 reports continued complaints of lower back pain, lower extremity pain, cervical spine pain with cervico-brachial radiculopathy. Diagnoses include: lumbosacral neuritis and cervico brachial syndrome. Plan of care includes: treat 2 times per week with chiropractic spinal manipulation, physical therapy in the form of massage, muscle balancing, rehabilitative exercises, spinal decompression therapy and electric muscle stimulation. Work status: per QME dated 6-30-15 permanent and stationary, no heavy lifting, request repetitive bending and heavy pushing or pulling activities. Diagnoses documented during this QME include chronic cervical spine sprain, mild chronic strain thoracic spine, chronic strain lumbar spine, claim of anxiety panic disorder "beyond the scope of my expertise", rule out non industrial obstructive sleep apnea, and possible peripheral vascular disease of the lower extremities.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ongoing chiropractic spinal manipulation x2 week basis: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chiropractic/Manual Therapy Section.

**Decision rationale:** California MTUS Guidelines state that chiropractic treatments are recommended for chronic pain caused by musculoskeletal conditions. Manual therapy is widely used in the treatment of musculoskeletal pain. For the low back, the MTUS recommends 6 visits over two weeks as part of a clinical trial of manual therapy, with up to 18 visits over 6-8 weeks with evidence of objective functional improvement. The California MTUS does not address cervical spine manual therapy. According to the ODG, manual therapy to the cervical spine can be considered for cervical nerve root compression with radiculopathy, patient selection based on previous chiropractic success, and with frequency recommendation of a trial of six visits over 2-3 weeks. There are no specifics as they pertain to the manual therapy performed in the past, and how they helped reduce pain using validated pain scores, or how they improved function, and/or ability to participate in and perform activities of daily living. Without the above issues addressed, this request cannot be deemed medically reasonable and as such, the request is non-certified.

**Physical therapy in the form of massage x2 week basis:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Physical therapy.

**Decision rationale:** The California MTUS recommends 8-10 sessions of physical therapy for various myalgias or neuralgias. Guidelines recommend fading of treatment frequency with ultimate transition to a home exercise program. ODG Guidelines recommend six visit clinical trials of physical therapy, and close monitoring of tolerance and progress to determine if the individuals are making positive gains, no gains, or negative response to therapy. There are no specific documentation as it pertains to the physical therapy or massage therapy performed in the past, and how they helped reduce pain using validated pain scores, or how they improved function, and/or ability to participate in and perform activities of daily living. Without the above issues addressed, this request cannot be deemed medically reasonable and as such, the request is non-certified.

**Muscle balancing x2 week basis:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

**Decision rationale:** The California MTUS recommends 8-10 sessions of physical therapy for various myalgias or neuralgias. Guidelines recommend fading of treatment frequency with ultimate transition to a home exercise program. ODG Guidelines recommend six visit clinical trials of physical therapy, and close monitoring of tolerance and progress to determine if the individuals are making positive gains, no gains, or negative response to therapy. The treating provider is requesting physical therapy, and within the request for physical therapy includes specific elements of the prescription to include muscle balance, rehabilitative exercises, electrical muscular stimulation/modalities, and spinal decompressive therapy. As the original request for physical therapy has been deemed non-certified on the grounds that there was a lack of documentation explaining the benefit of past therapy, the request for all elements of the physical therapy prescription are also non-certified.

**Rehabilitative exercises x2 week basis:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

**Decision rationale:** The California MTUS recommends 8-10 sessions of physical therapy for various myalgias or neuralgias. Guidelines recommend fading of treatment frequency with ultimate transition to a home exercise program. ODG Guidelines recommend six visit clinical trials of physical therapy, and close monitoring of tolerance and progress to determine if the individuals are making positive gains, no gains, or negative response to therapy. The treating provider is requesting physical therapy, and within the request for physical therapy includes specific elements of the prescription to include muscle balance, rehabilitative exercises, electrical muscular stimulation/modalities, and spinal decompressive therapy. As the original request for physical therapy has been deemed non-certified on the grounds that there was a lack of documentation explaining the benefit of past therapy, the request for all elements of the physical therapy prescription are also non-certified.

**Spinal decompression therapy x2 week basis:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

**Decision rationale:** The California MTUS recommends 8-10 sessions of physical therapy for various myalgias or neuralgias. Guidelines recommend fading of treatment frequency with ultimate transition to a home exercise program. ODG Guidelines recommend six visit clinical trials of physical therapy, and close monitoring of tolerance and progress to determine if the individuals are making positive gains, no gains, or negative response to therapy. The treating

provider is requesting physical therapy, and within the request for physical therapy includes specific elements of the prescription to include muscle balance, rehabilitative exercises, electrical muscular stimulation/modalities, and spinal decompressive therapy. As the original request for physical therapy has been deemed non-certified on the grounds that there was a lack of documentation explaining the benefit of past therapy, the request for all elements of the physical therapy prescription are also non-certified.

**Electrical muscular stimulation x2 week basis:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

**Decision rationale:** The California MTUS recommends 8-10 sessions of physical therapy for various myalgias or neuralgias. Guidelines recommend fading of treatment frequency with ultimate transition to a home exercise program. ODG Guidelines recommend six visit clinical trials of physical therapy, and close monitoring of tolerance and progress to determine if the individuals are making positive gains, no gains, or negative response to therapy. The treating provider is requesting physical therapy, and within the request for physical therapy includes specific elements of the prescription to include muscle balance, rehabilitative exercises, electrical muscular stimulation/modalities, and spinal decompressive therapy. As the original request for physical therapy has been deemed non-certified on the grounds that there was a lack of documentation explaining the benefit of past therapy, the request for all elements of the physical therapy prescription are also non-certified.