

Case Number:	CM15-0069982		
Date Assigned:	04/17/2015	Date of Injury:	11/11/2014
Decision Date:	05/18/2015	UR Denial Date:	03/20/2015
Priority:	Standard	Application Received:	04/13/2015

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, Indiana, New York
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 30 year old male who sustained an industrial injury on November 11, 2014. He has reported low back pain and has been diagnosed with lumbar facet arthropathy and lumbar sprain and strain. Treatment has included medications, physical therapy, and a home exercise program. Currently the injured worker had tenderness in the lumbar paraspinals and muscle spasms. The treatment request included spinal manipulation, electrical muscle stimulation, and MRI.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient Chiropractic Spinal Manipulation, 6 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation Page(s): 58-60.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chiropractic Treatments Page(s): 58-60. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Section, Chiropractic Treatments.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, chiropractic spinal manipulation, sessions #6 are not medically necessary. Manual manipulation and therapy is recommended for chronic pain is caused by musculoskeletal conditions. The intended goal or effective manual medicine is the achievement of positive symptomatic or objective measurable gains and functional improvement. Manipulation, therapeutic care-trial of 6 visits over two weeks. With evidence of objective functional improvement, total of up to 18 visits over 6 to 8 weeks. Elective/maintenance care is not medically necessary. In this case, the injured workers working diagnoses are lumbar herniated disc at L4 - L5, L5 - S1, and L3 - L4; lumbosacral sprain/strain; and sciatica. The documentation shows the injured worker was previously authorized six chiropractic treatment sessions but has not attended the six chiropractic sessions. On March 16, 2015, the treating provider requested an additional six chiropractic manipulation treatments. Prior to certifying any additional chiropractic treatment (including manipulation and electrical stimulation) the injured worker should complete the previously authorized six treatments. The indication for chiropractic treatment, according to the March 27, 2015 progress note, is to reduce vertebral fixation. Consequently, absent documentation showing completion of the first six authorized chiropractic treatments with objective functional improvement, and additional six chiropractic spinal manipulation, six sessions are not medically necessary.

Outpatient Electrical Muscle Stimulation, 12 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation Page(s): 58-60.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Section, Neuromuscular Electrical Stimulation, TENS Unit.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, electro-muscle-stimulation #12 sessions is not medically necessary. Neuromuscular electrical stimulation (NMES devices) are not recommended. NMES is primarily used as part of a rehabilitation program following stroke and there is no evidence to support its use in chronic pain. TENS is not recommended as a primary treatment modality, but a one-month home-based 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. The Official Disability Guidelines enumerate the criteria for the use of TENS. The criteria include, but are not limited to, a one month trial period of the TENS trial; there is evidence that appropriate pain modalities have been tried and failed; other ongoing pain treatment should be documented during the trial including medication usage; specific short and long-term goals should be submitted; etc. See the guidelines for additional details. In this case, the injured worker's working diagnoses are lumbar herniated disc at L4 - L5, L5 - S1, and L3 - L4; lumbosacral sprain/strain; and sciatica. The specific form of electric muscle stimulation is not documented in the medical record. Neuromuscular electric stimulation is not recommended. NMES is primarily used as part of a rehabilitation program following stroke and there is no evidence to support its use in chronic pain. The documentation in the medical record, dated March 27, 2015 indicates the treating provider is seeking to provide H wave stimulation. There is

no documentation in the medical record of prior TENS treatment (at least one month) in the medical record as a prerequisite to H wave stimulation. Additionally, the patient selection criteria enumerated by the Official Disability Guidelines are not documented in the medical record. Consequently, absent clinical documentation of the specific electric muscle stimulation unit in the absence of a TENS unit as a prerequisite to H wave stimulation, electric muscle stimulation #12 sessions is not medically necessary.

Outpatient MRI (magnetic resonance imaging) Lumbar Spine, without contrast: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Section, MRI.

Decision rationale: Pursuant to the Official Disability Guidelines, MRI of the lumbar spine without contrast is not medically necessary. MRIs of the test of choice in patients with prior back surgery, but for uncomplicated low back pain, with radiculopathy, it is not recommended until after at least one month conservative therapy, sooner if severe or progressive neurologic deficit. Repeat MRI is not routinely recommended and should be reserved for a significant change in symptoms and findings suggestive of significant pathology. Indications (enumerated in the Official Disability Guidelines) for imaging include, but are not limited to, lumbar spine trauma, neurologic deficit; uncomplicated low back pain with red flag; uncomplicated low back pain prior lumbar surgery; etc. ACOEM states unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients not respond to treatment and who would consider surgery an option. See the ODG for details. In this case, the injured worker's working diagnoses are lumbar herniated disc at L4 - L5, L5 - S1, and L3 - L4; lumbosacral sprain/strain; and sciatica. The ACOEM states the injured worker should complete conservative care prior to performing any diagnostic testing. The documentation shows the injured worker received prior physical therapy, but not the previously authorized chiropractic spinal manipulation. There were no unequivocal objective findings identifying specific nerve compromise on the neurologic examination. There were no red flags identified in the medical record. Consequently, absent clinical documentation identifying specific nerve compromise on the neurologic evaluation or red flags and the non-completion of conservative care, MRI of the lumbar spine without contrast is not medically necessary.