

<b>Case Number:</b>	CM15-0070104		
<b>Date Assigned:</b>	04/17/2015	<b>Date of Injury:</b>	12/15/2006
<b>Decision Date:</b>	07/23/2015	<b>UR Denial Date:</b>	03/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	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: New York  
Certification(s)/Specialty: Pediatrics, 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:

This 64-year-old male sustained an industrial injury on 12/15/06. He subsequently reported back, neck and shoulder pain. Diagnoses include multilevel cervical and lumbar disc bulges and lumbar spine spondylosis. Treatments to date have included shoulder surgery, physical therapy, MRIs, chiropractic care and prescription pain medications. The injured worker continues to experience neck pain with limited motion, low back pain, bilateral shoulder pain and depression/anxiety. A request for IF-4 unit for home use, Physical therapy x 8 (2x4) to shoulders (to include US, EMS, massage), Physical therapy x 8 (2x4) to neck (to include US, EMS, massage), Chiropractic evaluation and treatment 1x4 directed to low back, Physical therapy x 8 (2x4) to low back (to include US, EMS, massage), Chiropractic evaluation and treatment 1x4 directed to shoulders and Chiropractic evaluation and treatment 1x4 directed to neck was made by the treating physician.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**IF-4 unit for home use:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines interferential current stimulation. Decision based on Non-MTUS Citation ACOEM Pain,

Suffering, and the Restoration of Function Chapter, page 114 Official Disability Guidelines, Pain Chapter National Library of Medicine Chronic Pain Disorder Medical Treatment Guidelines adopted by the state of Colorado.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS) Page(s): 117-120.

**Decision rationale:** Per MTUS and ODG guidelines, an Inferential Current Stimulator (ICS) 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, and limited evidence of improvement on those recommended treatments alone. Criteria for use of an ICS include pain is ineffectively controlled due to diminished effectiveness of medications, pain is ineffectively controlled with medications due to side effects, history of substance abuse, significant pain from postoperative conditions limits the ability to perform exercise programs/physical therapy treatment or unresponsive to conservative measures (e.g., repositioning, heat/ice, etc.). There was no documentation of the above conditions in the file. Additionally, the progress notes provided note that the IW had a ICS at home already. The request is not medically necessary.

**Physical therapy x 8 (2x4) to shoulders (to include US, EMS, massage):** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Pain, Suffering, and the Restoration of Function Chapter, page 114 Official Disability Guidelines, Shoulder Chapter.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulders - Physical therapy (PT).

**Decision rationale:** Per ODG guidelines, physical therapy is recommended. Medical treatment for rotator cuff syndrome is 10 visits over 8 weeks. The included progress notes indicate that the IW had already undergone 20 physical therapy treatments and there is no discussion of why further therapy is warranted at this time. The request is not medically necessary.

**Physical therapy x 8 (2x4) to neck (to include US, EMS, massage):** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Pain, Suffering, and the Restoration of Function Chapter, page 114 Official Disability Guidelines, Neck/Upper Back Chapter.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck - Physical therapy (PT).

**Decision rationale:** Per ODG guidelines, physical therapy is recommended. Low stress aerobic activities and stretching exercises can be initiated at home and supported by a physical therapy provider, to avoid debilitation and further restriction of motion. The treatment of displacement of cervical intervertebral disc is 10 visits over 8 weeks. Per the progress note dates 4/14/14, the IW had already undergone 20 sessions of physical therapy and there is no discussion of why further therapy is warranted at this time. The request is not medically necessary.

**Chiropractic evaluation and treatment 1x4 directed to low back: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-299 ,Chronic Pain Treatment Guidelines manual therapy and manipulation 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) Low Back - Manipulation.

**Decision rationale:** Per ODG guidelines, chiropractic treatment for is recommended as an option. For patients with chronic low back pain, manipulation may be safe and outcomes may be good, but the studies are not quite as convincing. The prescribed regimen is a trial of 6 visits over 2 weeks. The included progress notes indicate that the IW had already undergone 13 chiropractic treatments and there is no discussion of why further therapy is warranted at this time. The request is not medically necessary.

**Physical therapy x 8 (2x4) to low back (to include US, EMS, massage): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Pain, Suffering, and the Restoration of Function Chapter, page 114 Official Disability Guidelines, Low Back Chapter.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Physical therapy (PT).

**Decision rationale:** Per the ODG guidelines, exercising for chronic back pain should be recommended. Exercise programs aimed at improving general endurance (aerobic fitness) and muscular strength (especially of the back and abdomen) have been shown to benefit patients with acute low back problems. Physical therapy guidelines state that for intervertebral disc disorders without myelopathy medical treatment is 10 visits over 8 weeks. Per the progress note dates 4/14/14, the IW had already undergone 20 sessions of physical therapy and there is no discussion of why further therapy is warranted at this time. The request is not medically necessary.

**Chiropractic evaluation and treatment 1x4 directed to shoulders: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 203. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder Chapter.

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

**Decision rationale:** Recommended as indicated below. There is limited evidence to specifically support the utilization of manipulative procedures of the shoulder, but chiropractic providers whose scope allows it routinely apply this procedure, and the success of chiropractic manipulation for this may be highly dependent on the patient's previous successful experience with a chiropractor. In general, it would not be advisable to use this modality beyond 2-3 visits if signs of objective progress towards functional restoration are not demonstrated. The included progress notes indicate that the IW had already undergone 13 chiropractic treatments and there is no discussion of why further therapy is warranted at this time. The request is not medically necessary.

**Chiropractic evaluation and treatment 1x4 directed to neck:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173. Decision based on Non-MTUS Citation ACOEM Pain, Suffering, and the Restoration of Function Chapter, page 114 Official Disability Guidelines, Neck/Upper Back Chapter.

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

**Decision rationale:** Recommended as an option. In limited existing trials, cervical manipulation has fared equivocally with other treatments, like mobilization, and may be a viable option for patients with mechanical neck disorders. However, it would not be advisable to use beyond 2-3 weeks if signs of objective progress towards functional restoration are not demonstrated. Treatment of cervical strain is a trial of 6 visits over 2-3 weeks. The included progress notes indicate that the IW had already undergone 13 chiropractic treatments and there is no discussion of why further therapy is warranted at this time. The request is not medically necessary.