

Case Number:	CM17-0005344		
Date Assigned:	01/12/2017	Date of Injury:	12/01/2016
Decision Date:	02/10/2017	UR Denial Date:	12/27/2016
Priority:	Standard	Application Received:	01/09/2017

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: Florida, California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 case involves a now 59-year-old male with a history of an occupational claim from 12/01/2016. The mechanism of injury is detailed as the patient picking up a hose bundle during a drill to take to the 4th floor. The current diagnoses are documented as lumbar sprain, and low back pain. In the clinical note dated 12/05/2016, the patient complained of acute low back pain. On physical examination, the patient had decreased lumbar range of motion and increased lumbar paraspinal muscle tenderness, especially over the vertebral spine L3-4 and L5-S1. Straight leg raise test was positive. The patient has had previously been approved for 6 sessions of manipulative therapy. The treatment plan included for the patient to undergo a re-examination with chiropractic for the lumbar spine flare up, additional spinal manipulation 2 times a week for 4 weeks, pulse ultrasound for 8 sessions, and electrical muscle stimulation for 8 sessions. A Request for Authorization was signed on 12/19/2016, and a prior denial was made on 12/27/2016. The requests for re-exam with the chiropractic for the lumbar spine flare up, spinal manipulation therapy, pulse ultrasound, and electrical muscle stimulation were denied due to the documentation not reflecting any functional benefit from prior sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Re-exam with chiropractor for the lumbar spine flare-up: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Physical Methods. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low back, Lumbar & Thoracic (Acute & Chronic) - Manipulation Harris J. Occupational medicine practice guidelines, 2nd edition (2004) p 301.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2016, Section(s): Manual therapy & manipulation.

Decision rationale: According to California MTUS 2016 Chronic Pain Guidelines, manual therapy and manipulation, such as chiropractic therapy, is recommended for chronic pain if caused by musculoskeletal conditions, and only when manipulation is specifically recommended by the provider in the plan of care. Manual Therapy is widely used in the treatment of musculoskeletal pain with the intended goal of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. Manipulation is manual therapy that moves a joint beyond the physiologic range-of-motion but not beyond the anatomic range-of-motion. Manipulation under anesthesia is not recommended. The time to produce effect is between 4 to 6 treatments. There is a lack of documentation regarding an objective decrease in pain as well as an increase in function with regard to the patient's activities of daily living from prior treatment. In addition, in the handwritten letter dated 01/04/2017 by the patient, it was noted that the chiropractic care had not alleviated the sharp, shooting pains. Medical necessity and efficacy have not been established. Therefore, the "Decision for Re-exam with chiropractor for the lumbar spine flare-up" is not medically necessary.

Spinal manipulation therapy 2 times a week for 4 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Physical Methods. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low back, Lumbar & Thoracic (Acute & Chronic) - Manipulation Harris J. Occupational medicine practice guidelines, 2nd edition (2004) p 301.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2016, Section(s): Manual therapy & manipulation.

Decision rationale: According to California MTUS 2016 Chronic Pain Guidelines, manual therapy and manipulation, such as chiropractic therapy, is recommended for chronic pain if caused by musculoskeletal conditions, and only when manipulation is specifically recommended by the provider in the plan of care. Manual Therapy is widely used in the treatment of musculoskeletal pain with the intended goal of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. Manipulation is manual therapy that moves a joint beyond the physiologic range-of-motion but not beyond the anatomic range-of-motion. Manipulation under anesthesia is not recommended. The time to produce effect is between 4 to 6 treatments. There is a lack of documentation regarding an objective decrease in pain as well as an increase in function with regard to the patient's activities of daily living from prior treatment.

In addition, in the handwritten letter dated 01/04/2017 by the patient, it was noted that the chiropractic care had not alleviated the sharp, shooting pains. Medical necessity and efficacy have not been established. Therefore, the "Decision for Spinal manipulation therapy 2 times a week for 4 weeks" is not medically necessary.

Pulsed Ultrasound 2 times a week for 4 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Physical Methods.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2016, Section(s): Ultrasound, therapeutic.

Decision rationale: According to California MTUS 2016 Chronic Pain Guidelines, pulsed ultrasound is not recommended. Therapeutic ultrasound is one of the most widely and frequently used electrophysical agents. Despite over 60 years of clinical use, the effectiveness of ultrasound for treating people with 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 people with pain or a range of musculoskeletal injuries or for promoting soft tissue healing. As the guidelines do not support the request, medical necessity has not been established. Therefore, the "Decision for Pulsed Ultrasound 2 times a week for 4 weeks" is not medically necessary.

Electrical Muscle Stimulation 2 times a week for 4 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Physical Methods.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2016, Section(s): TENS, chronic pain (transcutaneous electrical nerve stimulation).

Decision rationale: According to the California MTUS 2016 Chronic Pain Guidelines, the use of electrical muscle stimulation is not recommended as a primary treatment modality, but may be used as an adjunct to a program of evidence based functional restoration. The patient has undergone electric muscle stimulation in the previous chiropractic sessions. There is a lack of documentation regarding an objective decrease in pain as well as an increase in function with regard to the patient's activities of daily living as a result from prior treatment. Furthermore, the patient is not involved in a program of functional benefit to warrant the use of this modality. Medical necessity has not been established. Therefore, the "Decision for Electrical Muscle Stimulation 2 times a week for 4 weeks" is not medically necessary.