MAXIMUS Federal Services

Case Number:	CM13-0045009		
Date Assigned:	06/09/2014	Date of Injury:	02/09/2002
Decision Date:	12/12/2014	UR Denial Date:	10/22/2013
Priority:	Standard	Application Received:	10/30/2013

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. The expert reviewer is Board Certified in Family Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 38 year-old woman who was injured at work on 2/9/2002-3/25/2002. The injury was primarily to her neck and lower back. She is requesting review of denial for access to a "Spinal Stabilization Program" 2X per week for 4 weeks.Medical records corroborate ongoing care for her injuries. These records include her Primary Treating Physician's Progress Reports. Her chronic diagnoses include the following: Cervical Spine Sprain; Lumbar Spine Sprain; Lumbar Intervertebral Disc Syndrome with Sciatica; and Post Surgical Low Back.A Core/Spinal Stabilization Program, as described by the treating provider, "uses an exercise ball, which replaces a chair or a bench, and permits the patient to exercise the entire body with reduced stress, concentrating on body awareness, coordination and balance." Exercises are "taught to the patient" to "isolate groups of muscles." The patient "will received approximately one hour of instruction per session."The patient had lumbar surgery approximately 2 years prior and had not received any documented treatment in over 1 year.

IMR ISSUES, DECISIONS AND RATIONALES

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

Spinal stabilization program therapy 2x wk. x4wks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MANUAL THERAPY & MANIPULATION.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation Page(s): 58-59. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Complaints, Acute and Chronic, Exercise

Decision rationale: The MTUS and the Official Disability Guidelines (ODG) are silent on the use of a Core/Spinal Stabilization Program for patients with chronic low back pain. The description of this requested program has elements that are consistent with an exercise program and elements that are consistent with a manipulation and manual therapy program.In reviewing the guidelines for an exercise program, the ODG does have recommendations on this for patients with acute and chronic low back complaints.These guidelines state:Exercise programs are recommended for treatment and for prevention of low back pain. There is strong evidence that exercise reduces disability duration in employees with low back pain. In acute back pain, exercise therapy may be effective, whereas in subacute back pain, exercises with a graded activity program, and in chronic back pain, intensive exercising, 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. So far, it appears that the key to success in the treatment of LBP is physical activity in any form, rather than through any specific activity. One of the problems with exercise, however, is that it is seldom defined in various research studies and its efficacy is seldom reported in any change in status, other than subjective complaints. If exercise is prescribed a therapeutic tool, some documentation of progress should be expected. While a home exercise program is of course recommended, more elaborate personal care where outcomes are not monitored by a health professional, such as gym memberships or advanced home exercise equipment, may not be covered under this guideline, although temporary transitional exercise programs may be appropriate for patients who need more supervision. The MTUS/Chronic Pain Medical Treatment Guidelines comment on the use of Manual Therapy and Manipulation. The guidelines state that a program including such modalities is recommended for chronic pain if caused by musculoskeletal conditions. Manual Therapy is widely used in the treatment of musculoskeletal pain. The intended goal or effect of Manual Medicine is the achievement 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.Low back: Recommended as an option. Therapeutic care -- Trial of 6 visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks. Treatment Parameters from state guidelinesa. Time to produce effect: 4 to 6 treatmentsb. Treatment beyond 4-6 visits should be documented with objective improvement in function. Palliative care should be reevaluated and documented at each treatment session. (Colorado, 2006) Injured workers with complicating factors may need more treatment, if documented by the treating physician.Active Treatment versus Passive Modalities: Manipulation is a passive treatment, but many chiropractors also perform active treatments, and these recommendations are covered under Physical therapy (PT), as well as Education and Exercise. The use of active treatment modalities instead of passive treatments is associated with substantially better clinical outcomes. (Fritz, 2007) Active treatments also allow for fading of treatment frequency along with active self- directed home PT, so that less visits would be required in uncomplicated cases.In summary, there is insufficient evidence in support of the requested Core/Spinal Stabilization Program, based on the stated MTUS and ODG criteria. In

assessing this request based on the ODG recommendations support physical activity in any form, rather than through any specific activity. The ODG guidelines are not supportive of the need for exercise equipment. The description provided suggests that the exercise ball is a form of exercise equipment. Finally, some documentation of progress should be expected. Therefore, based on the stated ODG criteria, the use of a Core/Spinal Stabilization Program is not considered as medically necessary.In assessing this request based on the MTUS/Chronic Pain Medical Treatment Guidelines/Manipulation & Manual Therapy, the criteria indicate that it is necessary to reassess patient outcomes after 4-6 treatments and to establish parameters for objective monitoring of functional improvement. Further, the treatment provided should be consistent with an active treatment program and include encouraging more active self-therapy, such as independent strengthening and range of motion exercises, and rehabilitative exercises. Therefore, based on the stated MTUS/Chronic Pain Medical Treatment Guidelines, the use of a Core/Spinal Stabilization Program is not considered as medically necessary.In this case, it appears that in the process of Utilization Review, the requesting physician agreed to modify the request to provide an active therapy program with a 6 visit treatment trial to be followed by implementation of a home exercise program. This is consistent with the above stated MTUS Manipulation and Manual Therapy recommendations.