

Case Number:	CM13-0057721		
Date Assigned:	06/25/2014	Date of Injury:	04/13/2013
Decision Date:	08/15/2014	UR Denial Date:	10/06/2013
Priority:	Standard	Application Received:	10/23/2013

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 Anesthesiology and Pain Medicine and is licensed to practice in Florida. 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 injured worker is a 58-year-old female who reported an injury on 04/13/2013 due to a fall. On 09/27/2013, the injured worker reported continued low back pain and continued cervical spine pain. A physical examination revealed range of motion to the lumbar spine was documented as 55-20-24-25 and range of motion to the cervical spine was documented as 42-50-37-39-69-70. She also had a positive Spurling's test. It was noted that the injured worker had completed 6 sessions of acupuncture that provided no benefit, 6 sessions of chiropractic therapy that provided good benefit, and good benefit with a home traction unit. It should be noted that the document provided was handwritten and mostly illegible. The treatment plan was for additional chiropractic treatments with a quantity of 12 through [REDACTED] and home traction unit through [REDACTED]. The request for authorization form and the rationale for treatment were not provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional chiropractic treatments, QTY: 12 sessions through [REDACTED]: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58-59.

Decision rationale: The request for Additional chiropractic treatments, QTY: 12 sessions through [REDACTED] is non-certified. The injured worker reported low back pain and cervical spine pain. The range of motion to her lumbar spine was documented as 55-20-24-25 and range of motion to the cervical spine was documented as 42-50-37-39-69-70. It was noted that she had completed 6 sessions of chiropractic therapy and had good benefit. The California MTUS Guidelines state that manual therapy and manipulation is recommended for chronic pain if caused by musculoskeletal conditions. For the low back, it is recommended as an option with a trial of 6 visits over 2 weeks with evidence of objective functional improvement a total of up to 18 visits over 6 to 8 weeks is recommended. Treatment beyond 4 to 6 visits should be documented with objective functional improvement. It was stated that the injured worker had good benefit with the 6 sessions of chiropractic therapy she had attended. However, documentation regarding objective functional improvement with the sessions attended was not provided. Without evidence of efficacy of the treatment, additional sessions would not be supported. In addition, the request for 12 sessions would exceed the recommendation for number and frequency of visits. The request is not supported by the guideline recommendations as there is no evidence of efficacy with the attended sessions and the number of visits exceeds the recommendation. As such, the request is non-certified.

Home Traction Unit, QTY: 1 through [REDACTED]: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & Upper Back, Traction.

Decision rationale: The request for Home traction unit, QTY: 1 through [REDACTED] is non-certified. It was stated that the patient had had good benefit with the use of the home traction unit. However, documentation regarding its use was not provided for review. The CA MTUS/ACOEM guidelines state that there is limited evidence to support the effectiveness or ineffectiveness of passive physical modalities such as traction, these tools may be used on a trial basis but should be monitored closely. Official Disability Guidelines state that traction is recommended as a home cervical patient controlled traction for patients with radicular symptoms in conjunction with a home exercise program. Based on the clinical information provided, the injured worker did not have radicular symptoms. In addition, the documentation provided is lacking information regarding objective functional improvement needed to warrant the continued use of a home traction unit. The request is not supported by the Guideline recommendations as there is no proven efficacy with this treatment and the injured worker does not have radicular symptoms. As such, the request is non-certified.