MAXIMUS Federal Services

Case Number:	CM14-0101679		
Date Assigned:	07/30/2014	Date of Injury:	12/27/2000
Decision Date:	09/11/2014	UR Denial Date:	06/26/2014
Priority:	Standard	Application Received:	07/01/2014

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 licensed in Chiropractic, 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 injured worker is a 52 year-old female born on 04/04/1962. The date of injury is noted as 12/27/2000, but no history of injury was provided for this review. The chiropractor's report of 12/23/2013 reports the patient presented with a flare-up of low back pain currently 5/10, and her last visit was 10/28/2013. Objective findings were noted as limited lumbar range of motion; positive findings on Kemp's, Milgram's and Valsalva; paralumbar spasm rated 2/4, no antalgic posture, flexion 60/80, extension 20/50, and toe/heel walk noted as "OK." Diagnoses were reported as thoracic sprain/strain, lumbar sprain/strain, and lumbar facet syndrome and muscle spasm. The chiropractor recommended a treatment plan of manipulation, hot/cold packs, mechanical traction, trigger point/myofascial release, interferential therapy, and at-home exercises. The chiropractor's report of 01/23/2014 reports the patient returned with low back pain and objectives of limited lumbar ranges of motion; positive findings on Kemp's, Milgram's and Valsalva; paralumbar pain and spasm rated 2/4, antalgic forward posture, flexion 40/80, extension 20/50, toe/heel walk noted as "OK," and reflexes +2. Diagnoses and treatments were unchanged. There was a request for three treatments beginning on 01/08/2014. The chiropractor's report of 03/06/2014 states that the patient returned with 6/10 low back pain for approximately 3 weeks and her last visit was on 02/04/2014. Objectives of limited lumbar ranges of motion; positive findings on Kemp's, Milgram's and Valsalva; paralumbar pain and spasm rated 2/4, antalgic forward posture, flexion 40/80, extension 20/50, toe/heel walk noted as "OK," and reflexes +2 were noted. Diagnoses and treatments were unchanged. There was a request for 1 treatment per week for 4 weeks. The chiropractor's report of 05/09/2014 states that the patient returned with 3/10 low back pain, and her last visit was on 04/30/2014. Objectives of limited lumbar ranges of motion; positive findings on Kemp's, Milgram's and Valsalva; paralumbar spasm rated 2/4, no antalgic posture, flexion 60/80, extension 40/50, toe/heel walk noted as

"OK," and reflexes +2 were noted. Diagnoses and treatments were unchanged. There was a request for 1 treatment per week for 4 weeks. The chiropractor's report from 06/19/2014 states that the patient returned with 6/10 low back pain. Objectives of limited lumbar ranges of motion 50% of normal; positive findings on Kemp's, Valsalva, Lewin's and Ely's; paralumbar spasm rated 3/4, myotome 5/5, and reflexes +2 were noted. Diagnoses and treatments were unchanged. There was a request for 2 treatments per week for 3 weeks (6 total). The chiropractor's note from 07/15/2014 reports the patient returned with 2/10 and cervicothoracic and 2/10 thoracolumbar pain. Objectives of limited lumbar ranges of motion, no positive orthopedic tests and reflects 2+ were noted. Diagnoses and treatments have remained unchanged. There was a request for authorization of the treatment on 07/09/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic manipulation treatments: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation, Low Back.

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

Decision rationale: The MTUS guidelines supports a trial of up to 6 visits over 2 weeks of manual therapy and manipulation in the treatment of chronic low back pain complaints if caused by musculoskeletal conditions. The time to produce effect is 4-6 treatments. Treatment beyond 4-6 visits should be documented with objective improvement in function. With evidence of objective functional improvement with care during the 6-visit treatment trial, a total of up to 18 visits over 6-8 weeks may be considered. Elective/maintenance care is not medically necessary. Relative to recurrences/flare-ups, there is the need to evaluate prior treatment success, if RTW (return to work) then 1-2 visits every 4-6 months. From December 2013 through July 2014, the patient had continued to treat with chiropractic care on at least a monthly basis. Throughout this period of time subjectives, objectives, diagnoses, and treatments remained essentially unchanged.There is no documentation of measured objective functional improvement with chiropractic manipulation treatment visits, there is no evidence of a recurrence/flare-up, and elective/maintenance care is not supported; therefore, the request for 6 chiropractic manipulation treatment visits exceeds MTUS recommendations and is not medically necessary.

Heat/Ice; 6 treatments: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300,Chronic Pain Treatment Guidelines Lumbar Spine, Cold therapy/Heat therapy.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300,Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation

Official Disability Guidelines (ODG), Low Back, Lumbar & Thoracic (Acute & Chronic), Procedure Summary, Cold/Heat Packs.

Decision rationale: The MTUS does not make recommendations for or against heat/ice applications; therefore, ACOEM and ODG are the reference source. Neither ODG nor ACOEM support medical necessity for in-office applications of heat/ice. Regarding cold/heat packs, ODG reports at-home local applications of cold packs in first few days of acute complaint; thereafter, applications of heat packs or cold packs. ACOEM reports at-home local applications of heat or cold are as effective as those performed by a therapist. The ODG and ACOEM support at-home local applications of heat and cold, which are as effective as those performed by a therapist; therefore, in office heat/ice applications are not medically necessary.

Mechanical traction; 6 treatments: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300,Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Lumbar and Thoracic (Acute & Chronic), Procedure Summary, Traction.

Decision rationale: The MTUS guidelines do not make recommendations for or against mechanical traction; therefore, ACOEM and ODG are the reference source. Neither ODG nor ACOEM support medical necessity for mechanical traction. ACOEM reports traction has not been proved effective for lasting relief in treating low back pain, and because evidence is insufficient to support using vertebral axial decompression for treating low back injuries, it is not recommended. In ACOEM's 2008 Chronic Pain chapter, traction treatments are reported to have not been shown to be effective and are not recommended. In ACOEM's 2007 Low Back Disorders chapter, traction is not recommended for treatment of acute, subacute, or chronic LBP or radicular pain syndromes. The ODG reports using powered traction devices is not recommended. Therefore, this request is not medically necessary.

Interferential therapy; 6 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 146-147,Chronic Pain Treatment Guidelines Low Back.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS) Page(s): 118-119. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2007), Chapter 12, Low Back Disorders, page 167. American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2008), Chapter 6, Chronic Pain, page 206.

Decision rationale: The MTUS guidelines reports that although interferential current stimulation has been proposed for treatment in general for soft tissue injury or for enhancing wound or fracture healing, there is insufficient literature to support interferential current stimulation for treatment of these conditions. ACOEM, 2007 Low Back Disorders, reports interferential therapy is not recommended for treatment of subacute or chronic LBP, chronic radicular pain syndromes, or other back-related conditions. ACOEM, 2008 Chronic Pain, reports interferential therapy is not recommended for treatment of chronic LBP, neuropathic pain, CRPS, trigger points/myofascial pain, or other chronic persistent pain. Therefore, this request is not medically necessary.

Trigger Point/Myofascial release treatments (6): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 146.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Non-MTUS American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2007), Chapter 12, Low Back Disorders, page 146. American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2008), Chapter 6, Chronic Pain, page 203.

Decision rationale: The MTUS guidelines do not make recommendations for or against trigger point/myofascial release; therefore, ACOEM is the reference source. ACOEM does not support medical necessity for trigger point/myofascial release. ACOEM, 2007 Low Back Disorders, reports myofascial release is not recommended for the treatment of acute, subacute, or chronic LBP or radicular pain syndromes or other back-related conditions. ACOEM, 2008 Chronic Pain, reports myofascial release is not recommended for treatment of chronic LBP, other chronic persistent pain, empathic pain, or CRPS. Therefore, this request is not medically necessary.