

Case Number:	CM14-0175427		
Date Assigned:	10/28/2014	Date of Injury:	04/24/1990
Decision Date:	12/05/2014	UR Denial Date:	10/09/2014
Priority:	Standard	Application Received:	10/23/2014

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 Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 60 year old male with an injury date on 04/24/1990. Based on the 09/14/2014 daily progress and procedural notes provided by [REDACTED], the patient presents with "more sore today;" 4-5/10. Range of motion of the cervical and dorsolumbar spine is diminished. Palpation of the lumbosacral spine reveals spasm, tenderness, and inflammation overlying the middle lumbar region. The 08/28/2014 reports indicate the patient "is having stiffness in the right and left upper back." "4-5/10 constant pain, increased pain with heavy lifting, and prolonged sitting." Patient's diagnoses were not included in the file for review. There were no other significant findings noted on this report. The utilization review denied the request on 10/09/2014. [REDACTED] is the requesting provider, and he provided treatment notes from 08/16/2014 to 09/14/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic manipulation: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58-59.

Decision rationale: The treater is requesting Chiropractic manipulation but the treating physician's report and request for authorization containing the request is not included in the file. Regarding chiropractic manipulation, MTUS recommends it as an optional trial of 6 visits over 2 weeks with evidence of objective functional improvement total of up to 18 visits over 6 to 8 weeks. For recurrences/ flare-ups, reevaluate treatment success and if return to work is achieved, then 1 to 2 visits every 4 to 6 months. In this case, review of medical file does not show any chiropractic care or any discussions thereof. The patient's injury dates back 24 years. It is possible the patient has had chiropractic care in the past with the documentation not provided. A short course may be reasonable. However the treater does not mention duration and frequency of the request. MTUS allow up to 18 sessions of chiropractic treatments following initial trial of 3-6. MTUS page 8 requires that the treater provide monitoring of the patient's progress and make appropriate recommendations. Request is not medically necessary.

Ultrasound:

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

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 chapter under ultrasound

Decision rationale: The treater is requesting Ultrasound but the treating physician's report and request for authorization containing the request is not included in the file. Regarding ultrasound (therapeutic), ODG guidelines state "Not recommended based on the medical evidence, which shows that there is no proven efficacy in the treatment of acute low back symptoms." ODG further states "The available evidence does not support the effectiveness of ultrasound or shock wave for treating LBP (low back pain)." Request is not medically necessary.

Electrical stimulation: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 121.

Decision rationale: The treater is requesting electrical stimulation but the treating physician's report and request for authorization containing the request is not included in the file. The MTUS guidelines do not support the use of E-stim, or NMES (Neuromuscular Electrical Stimulation) except for stroke rehab. This patient presents with chronic low back pain. Request is not medically necessary.

Mechanical traction for the thoracic spine, lumbar spine and bilateral lower extremities, once per week for five weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) low back chapter under traction

Decision rationale: The treater is requesting mechanical traction for the thoracic spine, lumbar spine and bilateral lower extremities but the treating physician's report and request for authorization containing the request is not included in the file. Regarding traction for L-spine ACOEM states: "Traction has not been proved effective for lasting relief in treating low back pain. Because evidence is insufficient to support using vertebral axial decompression for treating low back injuries, it is not recommended." ODG guidelines also state, "Not recommended using powered traction devices, but home-based patient controlled gravity traction may be a noninvasive conservative option, if used as an adjunct to a program of evidence-based conservative care to achieve functional restoration." Given the lack of support from the guidelines, request is not medically necessary.