

Case Number:	CM14-0179174		
Date Assigned:	11/03/2014	Date of Injury:	07/02/2014
Decision Date:	12/17/2014	UR Denial Date:	10/23/2014
Priority:	Standard	Application Received:	10/28/2014

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 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:

This is a 40-year-old male with a 7/2/14 date of injury. According to a progress report dated 11/10/14, the patient complained of frequent lower lumbar pain on the left. He rated his pain as a 2/10, has made objective functional improvement, and returned to work. Objective findings: positive Kemp's for facet joint lesion, painful lumbar range of motion, palpable spasms and tenderness. Diagnostic impression: facet syndrome, lumbar sprain/strain, segmental dysfunction. Treatment to date: activity modification, chiropractic treatment, stretching and exercises. A UR decision dated 10/23/14 denied the requests for Myofascial Release, mechanical treatment, electric stimulation, EM expended, and chiropractic treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Therapy: Myofascial Release 1 x a week for 6 weeks low back: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Massage therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Massage Page(s): 60.

Decision rationale: CA MTUS states that massage therapy should be an adjunct to other recommended treatment (e.g. exercise), and it should be limited to 4-6 visits in most cases.

However, in the present case, it is unclear if the patient has had myofascial release therapy in the past. There is no documentation of functional improvement from this treatment modality. In addition, massage is a passive intervention, and treatment dependence should be avoided. Furthermore, there is no documentation as to how this treatment modality would be used as an adjunct to other recommended treatment modalities. Therefore, the request for Therapy: Myofascial Release 1 x a week for 6 weeks low back is not medically necessary.

Mechanical treatment 1 x a week for 6 weeks low back: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG (Official Disability Guidelines): Traction

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter - Traction

Decision rationale: CA MTUS states that 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. In addition, there is no documentation that this treatment modality is intended as an adjunct to a program of evidence-based conservative care to achieve functional restoration. A specific rationale identifying why mechanical treatment would be required in this patient despite lack of guideline support was not provided. Therefore, the request for Mechanical treatment 1 x a week for 6 weeks low back is not medically necessary.

Chiropractic manipulation 1 x a week for 6 weeks low back: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-299, Chronic Pain Treatment Guidelines Manual Therapy and Manipulation, Low Back Complaints Page(s): 58.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that with evidence of objective functional improvement with previous treatment and remaining functional deficits, a total of up to 18 visits are supported. In addition, elective/maintenance care is not medically necessary. However, according to the UR decision dated 10/23/14, it is noted that the claimant has previously completed more than 12 chiropractic sessions to date and was recently authorized for 6 chiropractic sessions on 8/18/14. An additional 6 sessions would exceed guideline recommendations. In the most recent report reviewed, the patient rated his pain at a minimal level of 2/10. There is no documentation as to why the patient's remaining functional deficits cannot be addressed with a home exercise program. Therefore, the request for Chiropractic manipulation 1 x a week for 6 weeks low back is not medically necessary.

Electric stimulation 1 x a week for 6 weeks low back: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Low Back.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Unit Page(s): 114-116.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that TENS units are not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option. Criteria for the use of TENS unit include Chronic intractable pain - pain of at least three months duration, evidence that other appropriate pain modalities have been tried (including medication) and failed, and a treatment plan including the specific short- and long-term goals of treatment with the TENS unit. However, in the present case, there is no documentation in the reports reviewed addressing any failure of conservative therapy, such as medications. There is also no documentation that the patient has had a trial of electric stimulation and whether or not the outcome showed functional improvement. In addition, there is no documentation that electric stimulation would be used as an adjunct to a program of evidence-based functional restoration. Therefore, the request for Electric stimulation 1 x a week for 6 weeks low back is not medically necessary.

EM expended x 1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG (Official Disability Guidelines):TENS (transcutaneous electrical nerve stimulation) Unit

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter - Office Visits

Decision rationale: CA MTUS does not address this issue. ODG states that evaluation and management (E&M) outpatient visits to the offices of medical doctor(s) play a critical role in the proper diagnosis and return to function of an injured worker, to monitor the patient's progress, and make any necessary modifications to the treatment plan. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system through self-care as soon as clinically feasible. However, in the present case, there is no documentation as to how an additional visit with the provider would change the patient's treatment plan. There is no documentation that the patient requires regular monitoring of medications, diagnostic studies, or lab tests. Therefore, the request for EM expended x 1 is not medically necessary.