

Case Number:	CM14-0046510		
Date Assigned:	07/02/2014	Date of Injury:	10/29/1993
Decision Date:	08/12/2014	UR Denial Date:	04/01/2014
Priority:	Standard	Application Received:	04/14/2014

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 Occupational 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of October 29, 1993. Thus far, the applicant has been treated with analgesic medications, transfer of care to and from various providers in various specialties; unspecified amounts of physical therapy; and unspecified amounts of chiropractic manipulative therapy. The claims administrator apparently denied a request for a spinal manipulation session, mechanical traction session, re-evaluation, and massage therapy through the Utilization Review process in a report dated May 21, 2014. The claims administrator stated that the manipulative and massage treatments being sought by the attending provider represented maintenance care. The claims administrator employed non-MTUS ODG Guidelines in its decision to deny a follow-up office visit and also briefly alluded to ACOEM in the same. A March 3, 2013 progress note is notable for complaints that the applicant reported persistent complaints of low back pain. The applicant was reportedly unchanged. The applicant was apparently kept off of work. The applicant was kept off of work, on total temporary disability, via earlier notes of January 6, 2014, February 3, 2013, December 12, 2013, and December 2, 2013. The applicant continued to report pain and stiffness on each occasion. The applicant's treating provider did write an undated letter stating that the applicant's chronic low back pain would worsen without ongoing manipulative therapy. The primary treating provider stated that the claims administrator had reneged on a promise to provide unlimited care in an earlier stipulation. It was stated that the applicant was working very hard to feed his family, in the letter, seemingly in contrast to the handwritten progress note which suggested that the applicant was not working. In a medical-legal evaluation of May 20, 1994, it was stated that the applicant was no longer working as a roofer at that point in time.

IMR ISSUES, DECISIONS AND RATIONALES

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

One spinal manipulation session: Upheld

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

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

Decision rationale: While page 58 of the MTUS Chronic Pain Medical Treatment Guidelines does support one to sessions of chiropractic manipulative therapy in the event of recurrences and/or flares of low back pain in applicants who have achieved and/or maintained successful return to work status, in this case, however, the bulk of the information on file suggests that the applicant is not, in fact, working as a roofer any longer. It does not appear that the applicant has taken up alternate employment elsewhere, based on the provided progress notes. Therefore, the request for additional manipulation session is not medically necessary.

One mechanical traction session: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS ACOEM Practice Guidelines, Chapter 12: Low Back Complaints, pages 146-147.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): TABLE 12-8 308,Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: As noted in the MTUS-Adopted ACOEM Guidelines in Chapter 12, Table 12-8, page 308, traction, the modality being sought here, is deemed not recommended. It is further noted that pages 98 and 99 of the MTUS Chronic Pain Medical Treatment Guidelines recommend emphasizing active therapy and active modalities during the chronic pain phase of the injury as opposed to emphasizing passive modalities such as the traction seemingly being sought here. Therefore, the request is not medically necessary.

One re-evaluation visit: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): TABLE 12-8 308,Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: As noted in the MTUS-Adopted ACOEM Guidelines in Chapter 12, page 303, the frequency of follow-up visits should be dictated by an applicant's work status. In this case, the applicant is off of work. More frequent follow-up visits are therefore indicated. Accordingly, the request is medically necessary.

One massage therapy session: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Massage Therapy, Physical Medicine Page(s): 60, 98 -99.

Decision rationale: As noted on page 60 of the MTUS Chronic Pain Medical Treatment Guidelines, massage is recommended only as an adjunct to other recommended treatments, such as exercise, and should be limited to four to six visits in most cases. In this case, the applicant has seemingly had fairly extensive amounts of passive massage and manipulative therapy throughout the claim, per the information on file. Additional massage treatment is not indicated, particularly as pages 98 and 99 of the MTUS Chronic Pain Medical Treatment Guidelines emphasize the importance of active therapy and active modalities during the chronic pain phase of the injury as opposed to continued reliance on passive treatment such as massage. Therefore, the request is not medically necessary.

One manual therapy session: 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 and Manipulation Page(s): 58.

Decision rationale: While page 58 of the MTUS Chronic Pain Medical Treatment Guidelines does support one to two sessions of manual therapy and manipulation every four to six months in applicants with flare-ups or recurrences of chronic low back pain who have demonstrated treatment success by achieving and/or maintaining successful return to work status. In this case, however, the applicant is off of work. The applicant has apparently failed to return to his former work as roofer. There is no evidence that the applicant has taken up alternate work elsewhere. Therefore, the request for one manual therapy session is not medically necessary.