

Case Number:	CM14-0188841		
Date Assigned:	11/19/2014	Date of Injury:	09/06/2013
Decision Date:	01/07/2015	UR Denial Date:	11/05/2014
Priority:	Standard	Application Received:	11/12/2014

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 Pain 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 injured worker is a 37-year-old male with an original industrial injury on September 6, 2013. The patient the injured worker has chronic low back pain, lumbar discopathy, lumbar radiculopathy, cervical radiculopathy, and cervical disc displacement. There is also associated shoulder pain. Has had conservative therapy with pain medications and physical therapy. Diagnostic workup for this patient includes MRI of the lumbar spine which documented a disk protrusion at the L5-S1 level with a high-intensity zone and fishery. There were also discogenic changes at L3-L4 and L4-L5. The patient has also had any electrodiagnostic study on July 28, 2014, and there was no evidence of lumbar radiculopathy and the study was normal. The disputed issue is a request for manipulation, myofascial release, traction, therapeutic exercise, and orthopedic referral. The manipulation and myofascial release were modified in a utilization review determination to only six sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Manipulation, muscle stimulation, traction, therapeutic exercises, and Myofascial release 3x/week x4 weeks: Upheld

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

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

Decision rationale: Regarding the request for myofascial release and manipulation therapy, Chronic Pain Medical Treatment Guidelines state the massage therapy is recommended as an option. They go on to state the treatment should be an adjunct to other recommended treatment (e.g. exercise), and it should be limited to 4 to 6 visits in most cases. Furthermore, the Chronic Pain Medical Treatment Guidelines Physical Medicine guidelines recommend active over passive modalities especially in the treatment of chronic pain. Therefore, it is reasonable to modify the original request, and the original determination by the utilization reviewer should be upheld (to focus on the manipulation and myofascial release components of this request). I also feel the therapeutic exercise component is redundant as the patient should be well versed in self-directed exercise from prior PT. Traction has poor evidence to support its use and is not medically necessary. The original request for 12 sessions of manipulation, traction, myofascial release, and therapeutic exercise is not medically necessary.

Ortho referral: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Occupational Medicine Practice Guidelines, Independent Medical Examinations and Consultations Chapter, Page 127

Decision rationale: With regard to the request for specialty consultation, the ACOEM Practice Guidelines recommend expert consultation when "when the plan or course of care may benefit from additional expertise." Thus, the guidelines are relatively permissive in allowing a requesting provider to refer to specialists. The patient the injured worker has chronic low back pain, lumbar discopathy, lumbar radiculopathy, cervical radiculopathy, and cervical disc displacement. The patient has had conservative therapy with pain medications including narcotics and physical therapy. Diagnostic workup for this patient includes MRI of the lumbar spine which documented a disk protrusion at the L5-S1 level with a high-intensity zone and fishery. There were also discogenic changes at L3-L4 and L4-L5. The patient has also had any electrodiagnostic study on July 28, 2014, and there was no evidence of lumbar radiculopathy and the study was normal. There are plans for a lumbar epidural steroid injection. At this juncture, due to continued and persistent pain, it is appropriate to continue to seek orthopedic consultation which may provide additional expertise.