

Case Number:	CM14-0204152		
Date Assigned:	12/16/2014	Date of Injury:	03/17/2010
Decision Date:	02/03/2015	UR Denial Date:	11/21/2014
Priority:	Standard	Application Received:	12/05/2014

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 Family Practice 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:

Based on the available records, the injured worker is a 27 year-old male with a date of injury of 03/17/2010. The injury was primarily to his low back. Diagnoses include Lumbar Sprain/Strain; Lumbar Disc Syndrome; and Lumbar Myofascitis. Treatments have included medications, physical therapy, chiropractic sessions, and surgical intervention. Medications have included Ibuprofen and Norco. Surgical intervention included a low back fusion L5-S1, performed on 04/19/2012. A progress note from the treating physician, dated 11/12/2014, documented a follow-up evaluation. The injured worker reported a flare-up of low back pain which is constant and elevated over the past month. Objective findings include the presence of pain on all planes of movement; tenderness upon palpation over the spinous process from L1-L5 and the associated paraspinal musculature bilaterally; positive Kemp's test bilaterally for low back pain, and decreased range of motion (flexion, extension, right lateral flexion, left lateral flexion, right rotation, and left rotation). Plan of treatment included therapeutic exercises as well as recommendations for Chiropractic 1 x 6, updated MRI of the lumbar spine, neurological consult, and follow-up with pain management. Request is being made for Chiropractic 1 x 6 lumbar and for Neurological consult. On 11/21/2014, Utilization Review non-certified prescriptions for Chiropractic 1 x 6 lumbar and for Neurological consult. Utilization Review non-certified the prescription for Chiropractic 1 x 6 lumbar based on the lack of documentation of failed performance of an established home program to address the current flare-up, and therefore the medical necessity of ongoing skilled care is not supported. The Utilization Review cited the CA MTUS Chronic Pain Medical Treatment Guidelines: Manual Therapy and Manipulation. Utilization Review non-certified the prescription for Neurological consult based on pending results of magnetic resonance imaging of the lumbar spine and the medical necessity for the consult not being established at this time. In regard to the Neurological consult, the Utilization

Review cited the ODG-TWC Low Back Procedure Summary Application for independent medical review was made on 12/05/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic 1x6 lumbar: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manipulation. Page(s): 58-60. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

Decision rationale: The MTUS/Chronic Pain Medical Treatment Guidelines comment on the use of Manual Therapy as a treatment modality. Manual therapy is recommended for chronic pain if caused by musculoskeletal conditions. Manual Therapy is widely used in the treatment of musculoskeletal pain. The intended goal or effect of Manual Medicine is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. Manipulation is manual therapy that moves a joint beyond the physiologic range-of-motion but not beyond the anatomic range-of-motion. The MTUS guidelines comment on this modality for low back complaints: Low back: Recommended as an option. Therapeutic care: Trial of 6 visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks. Elective/maintenance care: Not medically necessary. Recurrences/flare-ups: Need to re-evaluate treatment success, if RTW achieved then 1-2 visits every 4-6 months. The MTUS guidelines also comment on the current research on this modality. Current Research: A recent comprehensive meta-analysis of all clinical trials of manipulation for low back conditions has concluded that there was good evidence for its use in chronic low back pain, while the evidence for use in radiculopathy was not as strong, but still positive. A Delphi consensus study based on this meta-analysis has made some recommendations regarding chiropractic treatment frequency and duration for low back conditions. They recommend an initial trial of 6-12 visits over a 2-4 week period, and, at the midway point as well as at the end of the trial, there should be a formal assessment whether the treatment is continuing to produce satisfactory clinical gains. If the criteria to support continuing chiropractic care (substantive, measurable functional gains with remaining functional deficits) have been achieved, a follow-up course of treatment may be indicated consisting of another 4-12 visits over a 2-4 week period. According to the study, "One of the goals of any treatment plan should be to reduce the frequency of treatments to the point where maximum therapeutic benefit continues to be achieved while encouraging more active self-therapy, such as independent strengthening and range of motion exercises, and rehabilitative exercises. Patients also need to be encouraged to return to usual activity levels despite residual pain, as well as to avoid catastrophizing and overdependence on physicians, including doctors of chiropractic." These recommendations are consistent with the recommendations in ODG, which suggest a trial of 6 visits, and then 12 more visits (for a total of 18) based on the results of the trial, except that the Delphi recommendations

in effect incorporate two trials, with a total of up to 12 trial visits with a re-evaluation in the middle, before also continuing up to 12 more visits (for a total of up to 24). Payors may want to consider this option for patients showing continuing improvement, based on documentation at two points during the course of therapy, allowing 24 visits in total, especially if the documentation of improvement has shown that the patient has achieved or maintained RTW. In this case, the records indicate that this patient had 9 prior visits for chiropractic treatments in 2013 and 10 chiropractic treatments in 2014. There is insufficient documentation in the medical records as to the outcomes, functional improvement and reduction in pain, of these prior treatment sessions. Further, it would be expected that part of the patient's prior treatment had included a self-directed home exercise program. Therefore, given the lack of documentation on the outcomes of prior treatment sessions and the expected impact of a self-directed home exercise program for the flare-up of back pain, there is insufficient evidence to support further chiropractic treatment. Therefore, this request is not medically necessary.

Neurological consult: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC Low Back Procedure Summary

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287-325.

Decision rationale: The MTUS/ACOEM Guidelines comment on the evaluation of patients with low back complaints. These guidelines include algorithms to assist in directing the evaluation of patients with specific back concerns. Algorithm 12-3 (Page 313) is the recommended approach for the "Evaluation of Slow-To-Recover Patients with Occupational Low Back Complaints." This algorithm includes those patients who have symptoms greater than 4-weeks. In patients with no neurologic symptoms, recommendations include the use of imaging studies. Consultation with specialists, such as with a neurologist, is based on the findings of the imaging studies. The indication for referral is found in Algorithm 12-5 (Page 315); "Further Management of Occupational Low Back Complaints." Again, the medical necessity to seek consultation is based on the findings of the imaging studies. In summary, this patient is pending the results of an imaging study. At this time, there is no indication for referral to a neurologist. Neurological consultation is not considered as medically necessary at this time.