MAXIMUS Federal Services

Case Number:	CM14-0209037		
Date Assigned:	12/22/2014	Date of Injury:	12/09/2013
Decision Date:	02/18/2015	UR Denial Date:	12/12/2014
Priority:	Standard	Application Received:	12/15/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: California
Certification(s)/Specialty: Physical Medicine & Rehabn

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 47-year-old female with date of injury of 12/09/2013. The listed diagnoses from 11/20/2014 are:1. Lumbar radiculitis.2. Lumbar facet osteoarthritis.3. Myofascial pain. According to this report, the patient complains of chronic low back pain. Since her injury in 2013, she has received 18 sessions of physical therapy, 12 sessions of acupuncture, and no chiropractic therapy. The patient received lumbar epidural steroid injection on August 2014 which provided minimal relief. There is radiation of pain to the bilateral posterior thigh. She rates her pain 6/10. Examination shows tenderness to palpation over the lumbar facets at L4-L5 and L5-S1. Lumbar spine range of motion is full. Straight leg raise is negative bilaterally. Sensation is intact to light touch and pinprick in all dermatomes of the bilateral lower extremities. Motor strength is 5/5 and equal. The treater references an MRI of the lumbar spine dated 01/31/2014 that showed L4-L5 mild facet hypertrophy and L5-S1 mild facet hypertrophy along with broad-based posterior disk protrusion. Treatment reports from 08/29/2014 to 12/17/2014 were provided for review. The utilization review denied the request on 12/12/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic therapy, lumbosacral spine QTY: 8.00: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58-60.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines manual therapy and treatments Page(s): 58, 89.

Decision rationale: This patient presents with chronic low back pain. The patient is status post L4, L5, S1 transforaminal epidural steroid injection from 08/29/2014. The treater is requesting chiropractic therapy, lumbosacral spine #8. The California MTUS Guidelines on manual therapy and treatments page 58 and 59 recommends this treatment for chronic pain if caused by musculoskeletal conditions. California MTUS states, "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." The records do not show any previous chiropractic treatment provided. The current request of a trial of 8 sessions is supported by MTUS which allows an initial trial of 6-12 sessions. The request is is medically necessary.

Adjunctive physiotherapy, lumbosacral spine QTY: 8.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58-60.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine Page(s): 98, 99.

Decision rationale: This patient presents with chronic low back pain. The patient is status post L4, L5, S1 transforaminal epidural steroid injection from 08/29/2014. The treater is requesting adjunctive physiotherapy, lumbosacral spine #8. The MTUS Guidelines page 98 and 99 on physical medicine recommends 8 to 10 visits for myalgia, myositis, and neuralgia-type symptoms. There are no physical therapy reports provided. The 11/20/2014 report notes that the patient has received 18 total physical therapy visits. In this case, the requested 8 sessions when combined with the previous 18 would exceed guidelines. The request is not medically necessary.

Traction, mechanical, lumbosacral spine QTY: 8.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58-60.

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 on traction.

Decision rationale: This patient presents with chronic low back pain. The patient is status post L4, L5, S1 transforaminal epidural steroid injection from 08/29/2014. The treater is requesting

traction, mechanical, lumbosacral spine #8. The ACOEM Guidelines page 300 on lumbar traction 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." Furthermore, ODG under the low back chapter on traction states that traction has not been proved effective for lasting relief in the treatment of low back pain, traction is the use of force that separates the joint surfaces and elongates the surrounding of tissues. The records do not show that the patient has tried traction/mechanical unit in the past. In this case, the ACOEM and ODG Guidelines do not support the use of traction units for the treatment of low back pain. The request is not medically necessary.

Electrical stimulation, lumbosacral spine QTY: 8.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58-60.

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

Decision rationale: This patient presents with chronic low back pain. The patient is status post L4, L5, S1 transforaminal epidural steroid injection from 08/29/2014. The treater is requesting electrical stimulation, lumbosacral spine, #8. The MTUS Guidelines page 121 on neuromuscular electrical stimulation (NMES devices) states, "Not recommended. NMES is used primarily as part of a rehabilitation program following a stroke, and there is no evidence to support its use in chronic pain. There is no intervention trial suggesting benefit from NMES for chronic pain." The records do not show history of NMES use. In this case, the MTUS Guidelines do not support the use of neuromuscular electrical stimulation for the treatment of chronic pain. The request is not medically necessary.

Massage, lumbosacral spine QTY: 8.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58-60.

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

Decision rationale: This patient presents with chronic low back pain. The patient is status post L4, L5, S1 transforaminal epidural steroid injection from 08/29/2014. The treater is requesting massage, lumbosacral spine, #8. The MTUS Guidelines page 60 on massage therapy states that it is recommended as an adjunct with other recommended treatments such as exercise and should be limited to 4 to 6 visits. Massage is a passive intervention and treatment dependence should be avoided. The records show that the patient has not received massage therapy in the past. While a trial may be appropriate for this patient, the requested 8 sessions exceeds the recommended 4 to 6 visits. The request is not medically necessary.