

Case Number:	CM15-0109794		
Date Assigned:	06/16/2015	Date of Injury:	10/31/2012
Decision Date:	07/17/2015	UR Denial Date:	06/01/2015
Priority:	Standard	Application Received:	06/08/2015

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 & Rehabilitation

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 28 year old female, who sustained an industrial injury on 10/31/2012. She reported being punched in the back. The injured worker was diagnosed as having lumbar sprain/strain and status post left ankle and knee arthroscopy. There is no record of a recent diagnostic study. Treatment to date has included chiropractic care, acupuncture, physical therapy, injections, orthotics and medication management and medication management. In a progress note dated 5/13/2015, the injured worker complains of lumbar spine pain and stiffness with numbness and tingling on the left lower extremity, rated 7-8/10. Physical examination showed lumbar guarding and spasm. The treating physician is requesting 6 sessions of chiropractic therapy for the lumbar spine and 3 sessions of trial traction for the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic therapy for the lumbar spine 2 times weekly per 5/13/15 order, quantity: 6 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58-60.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy Page(s): 58-59.

Decision rationale: The patient complains of lower back pain, and has been diagnosed with lumbar sprain/strain and left upper extremity radiculopathy, as per progress report dated 05/13/15. The request is for **CHIROPRACTIC THERAPY FOR THE LUMBAR SPINE 2 TIMES WEEKLY PER 05/13/15 ORDER, QUANTITY: 6 SESSIONS**. The RFA for the case is dated 05/13/15, and the patient's date of injury is 10/31/12. The patient is status post left knee surgery in April, 2014, and status post left ankle surgery on 07/25/13. Diagnoses, as per progress report dated 02/09/15, included right elbow strain with lateral epicondylitis, right forearm extensor tenosynovitis, lumbar spine musculoligamentous sprain/strain, left lower extremity radiculitis, and right hip strain. The patient is temporarily totally disabled, as per progress report dated 05/13/15. MTUS recommends an optional trial of 6 visits over 2 weeks with evidence of objective functional improvement total of up to 18 visits over 6 to 8 weeks. For recurrences/flare-ups, reevaluate treatment success and if return to work is achieved, then 1 to 2 visits every 4 to 6 months. In this case, The Utilization Review denied the request stating "There is a note that says the patient had 3 visits of chiropractic, physical therapy and acupuncture with no benefit, but it is unclear if it was 3 visits of each or a total of 3." The request for chiropractic therapy is noted in progress report dated 05/13/15. The report indicates that the patient has attended 3 out of 6 sessions of chiropractic therapy. The treater, however, does not document efficacy in terms of reduction in pain and improvement in function. MTUS requires clear discussion regarding objective functional improvement for additional therapy. Given the lack of documentation regarding efficacy, the request IS NOT medically necessary.

Trial traction for the lumbar spine per 5/13/15 order, quantity: 3 sessions: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back (updated 05/15/15) - Online Version, Traction.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

Decision rationale: The patient complains of lower back pain, and has been diagnosed with lumbar sprain/strain and left upper extremity radiculopathy, as per progress report dated 05/13/15. The request is for **TRIAL TRACTION FOR THE LUMBAR SPINE PER 5/13/15 ORDER QUANTITY: 3 SESSIONS**. The RFA for the case is dated 05/13/15, and the patient's date of injury is 10/31/12. The patient is status post left knee surgery in April 2014, and status post left ankle surgery on 07/25/13. Diagnoses, as per progress report dated 02/09/15, included right elbow strain with lateral epicondylitis, right forearm extensor tenosynovitis, lumbar spine musculoligamentous sprain/strain left lower extremity radiculitis, and right hip strain. The patient is temporarily totally disabled, as per progress report dated 05/13/15. MTUS/ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 12, Low Back Complaints, page 300, under Physical Methods 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. In this case, the request for lumbar traction is noted in progress report dated 05/13/15. The treater does not explain how this

treatment modality will benefit the patient. Nonetheless, MTUS/ACOEM do not support the use of traction for lower back pain as "traction has not been proved effective for lasting relief in treating low back pain." Hence, the request IS NOT medically necessary.