

Case Number:	CM15-0148716		
Date Assigned:	08/12/2015	Date of Injury:	07/26/2002
Decision Date:	09/22/2015	UR Denial Date:	07/14/2015
Priority:	Standard	Application Received:	07/31/2015

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: New York, Tennessee
 Certification(s)/Specialty: Emergency Medicine

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 an 82 year old female, who sustained an industrial injury on 07-26-2002. On provider visit dated 06-19-2015 the injured worker has reported right lower back and right sacroiliac joint issue. On examination revealed constant tenderness on the lumbar region severe on the right side and over sacral region on the right side. The thoracic region was to have moderately bilaterally tenderness. Range of motion was noted as decreased and well as the injured workers activities of daily living were noted as decreased as well. The diagnoses have included disc degeneration - lumbar, radiculitis - lumbar and lumbosacral sprain-strain - lumbar. Treatment to date has included therapy. The provider requested 10 sessions of weekly chiropractic therapy manipulation, therapeutic exercises, electrical stimulation and mechanical traction, and 4 session and manual therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

10 Sessions of Weekly Chiropractic Manipulation: Upheld

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

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

Decision rationale: Manual therapy and evaluation are 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. Recommended treatment parameters are as follows: Time to produce effect: 4-6 treatments, frequency of 1-2 times per week with maximum duration of 8 weeks. In this case, the patient received manual therapy from October 2014 until March 2015. There is no documentation of objective evidence of functional benefit. In addition, the requested number of 10 visits surpasses the number of four to six recommended for clinical trial to determine functional improvement. The request is not medically necessary.

4 Sessions of Manual Therapy: Upheld

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

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

Decision rationale: Manual therapy and evaluation are 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. Recommended treatment parameters are as follows: Time to produce effect: 4-6 treatments, frequency of 1-2 times per week with maximum duration of 8 weeks. In this case, the patient received manual therapy from October 2014 until March 2015. There is no documentation of objective evidence of functional benefit. In addition, the requested number of 4 visits in addition to the 10 visits requested brings the total number of visits requested to 14. This surpasses the number of four to six recommended for clinical trial to determine functional improvement. The request is not medically necessary.

10 Sessions of Weekly Therapeutic Exercises: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines Page(s): 46-47.

Decision rationale: Exercise is recommended. There is strong evidence that exercise programs, including aerobic conditioning and strengthening, are superior to treatment programs that do not include exercise. There is no sufficient evidence to support the recommendation of any particular exercise regimen over any other exercise regimen. A therapeutic exercise program should be initiated at the start of any treatment or rehabilitation program, unless exercise is contraindicated. Such programs should emphasize education, independence, and the importance of an on-going exercise regime. A recent study of the long term impact of aerobic exercise on musculoskeletal pain found that exercise was associated with a substantial and significant reduction in pain even after adjusting for gender, baseline BMI and attrition, and despite the fact that fractures, a significant predictor of pain, were slightly more common among exercisers. A recent trial concluded that active physical treatment, cognitive-behavioral treatment, and the two combined each resulted in equally significant improvement, much better compared to no treatment. Progressive walking, simple strength training, and stretching improved functional status, key symptoms, and self-efficacy in patients with fibromyalgia. Physical conditioning in chronic pain patients can have immediate and long-term benefits. Exercise programs aimed at improving general endurance (aerobic fitness) and muscular strength (especially of the back and abdomen) have been shown to benefit patients with acute low back problems. So far, it appears that the key to success in the treatment of low back pain is physical activity in any form, rather than through any specific activity. One of the problems with exercise, however, is that it is seldom defined in various research studies and its efficacy is seldom reported in any change in status, other than subjective complaints. If exercise is prescribed a therapeutic tool, some documentation of progress should be expected. While a home exercise program is of course recommended, more elaborate personal care where outcomes are not monitored by a health professional, such as gym memberships or advanced home exercise equipment may not be covered under this guideline. In this case, there is no documentation that there is oversight of the therapeutic exercises by a health professional. The request is not medically necessary.

10 Sessions of Weekly Electrical Stimulation: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines Page(s): 121.

Decision rationale: Chronic Pain Medical Treatment Guidelines do not recommend neuromuscular electrical stimulations devices (NMES) devices. NMES devices have been used primarily for rehabilitation following an acute stroke and there is no evidence to support its use in chronic pain. (NMES), devices, through multiple channels, attempts to stimulate motor nerves and alternately causes contraction and relaxation of muscles, unlike a TENS device which is intended to alter the perception of pain. NMES devices are used to prevent or retard disuse atrophy, relax muscle spasm, increase blood circulation, maintain or increase range-of-motion, and re-educate muscles NMES is not recommended. The request is not medically necessary.

10 Sessions of Weekly Mechanical Traction: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back-Lumbar and Thoracic: Traction.

Decision rationale: Traction is not recommended using powered traction devices, but home-based patient controlled gravity traction may be a noninvasive conservative option, if used as an adjunct to a program of evidence-based conservative care to achieve functional restoration. As a sole treatment, 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 soft tissues. The evidence suggests that any form of traction may not be effective. Neither continuous nor intermittent traction by itself was more effective in improving pain, disability or work absence than placebo, sham or other treatments for patients with a mixed duration of LBP, with or without sciatica. There was moderate evidence that auto traction (patient controlled) was more effective than mechanical traction (motorized pulley) for global improvement in this population. Traction has not been shown to improve symptoms for patients with or without sciatica. The evidence is moderate for home based patient controlled traction compared to placebo. In this case, there is no documentation mechanical traction is requested. Mechanical traction is not recommended. The request is not medically necessary.