

Case Number:	CM15-0198646		
Date Assigned:	10/14/2015	Date of Injury:	03/28/1995
Decision Date:	11/25/2015	UR Denial Date:	09/30/2015
Priority:	Standard	Application Received:	10/09/2015

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: Texas, Florida, California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 a 55 year old female, who sustained an industrial injury on March 28, 1995. The injured worker was diagnosed as having post lumbar laminectomy syndrome and chronic fibromyositis. Treatment and diagnostic studies to date has included medication regimen, home exercise program, and at least seven sessions of chiropractic therapy. In a progress note dated July 06, 2015 the treating chiropractor reports complaints of soreness to the low back that was noted to be "a lot better". Examination performed on July 06, 2015 was revealing for decreased range of motion to the lumbar spine that was 30% of normal with pain at the right lumbar four through sacral one, positive Bechterew's testing on the right, right foot droop, and positive Kemp's testing on the right. In a progress note on September 28, 2015 the treating chiropractor noted that the injured worker was experiencing an exacerbation of symptoms with activities of daily living of laundry, vacuuming, and dressing that has caused a "very sore" low back. The examination from September 28, 2015 noted a decrease in range of motion to the lumbar that was 60% of normal with pain at the right lumbar four through sacral one, positive Bechterew's testing on the right, right foot droop, and positive Kemp's testing on the right. The progress notes from July 06, 2015, August 10, 2015, August 24, 2015, and September 28, 2015 did not indicate the injured worker's pain level prior to chiropractic therapy and post chiropractic therapy to indicate the effects with the injured worker's chiropractic therapy. The documentation from the above listed dates also did not indicate if the injured worker experienced any functional improvement with activities of daily living during those chiropractic therapy sessions. On September 28, 2015 the treating chiropractor requested myofascial release, manipulation, and traction mechanical for the lumbar spine. On September 30, 2015 the Utilization Review denied the request for seven sessions of myofascial

release, manipulation, and traction mechanical for the lumbar spine (1st treatment rendered on September 28, 2015).

IMR ISSUES, DECISIONS AND RATIONALES

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

Myofascial release, manipulation, traction mechanical, for lumbar spine, 7 visits (1st treatment rendered on 9/28/15): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation. Decision based on Non-MTUS Citation ODG, Low back, Decompressive therapies.

Decision rationale: This claimant was now injured 20 years ago in 1995. There was a chronic post lumbar laminectomy syndrome. Pain is reported better after 7 sessions, but objective improvement is not noted. The MTUS notes for Manual therapy & manipulation: 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. 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 reevaluate treatment success, if RTW achieved then 1-2 visits every 4-6 months. Treatment beyond 4-6 visits should be documented with objective improvement in function. Also, the ODG, Back Section, under Traction, the methodologies are not supported. Without objective improvement in function, more of this type of care, as requested, is not aligned with MTUS, and is not certified, therefore is not medically necessary.