

Case Number:	CM15-0210826		
Date Assigned:	10/29/2015	Date of Injury:	12/05/2012
Decision Date:	12/15/2015	UR Denial Date:	09/28/2015
Priority:	Standard	Application Received:	10/27/2015

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 44 year old female, who sustained an industrial injury on 12-05-2012. She has reported injury to the neck and low back. The diagnoses have included cervical spine myofasciitis with radiculitis; rule out fibromyalgia; and lumbar spine radiculitis. Treatment to date has included medication, diagnostics, chiropractic therapy, and home exercise. Medications have included Norco, Gabapentin, and Ambien. A progress report from the treating physician, dated 09-10-2015, documented a follow-up evaluation with the injured worker. The injured worker reported neck pain, rated at 7 out of 10 in intensity; left elbow pain, rated at 8 out of 10 in intensity; bilateral shoulder pain, rated at 8 out of 10 in intensity; back pain, rated at 8 out of 10 in intensity; psyche symptoms, rated at 5 out of 10 in intensity; and bilateral wrist pain, rated at 8 out of 10 in intensity. Objective findings included positive axial compression for radicular symptoms bilaterally; positive straight leg raise on the right; limited lumbar spine and cervical spine flexion and extension with end-range pain; and tenderness noted along the lumbar spine with muscle spasm. The provider noted that he is requesting additional chiropractic treatment, as the "patient is improving with mobility of the cervical spine and decrease in end-range pain." The treatment plan has included the request for LSO (lumbo-sacral orthosis) brace for purchase; and chiropractic treatment, 2x a week for 4 weeks (8 visits), cervical and lumbar spine. The original utilization review, dated 09-28-2015, non-certified the request for LSO brace for purchase; and chiropractic treatment, 2x a week for 4 weeks (8 visits), cervical and lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Custom LSO brace for purchase: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Work-Relatedness. Decision based on Non-MTUS Citation ACOEM guidelines, updated low back chapter (2008), lumbar supports.

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 Pain chapter under Lumbar Supports.

Decision rationale: The 44 year old complains of neck pain, lower back pain, left elbow pain, shoulder pain, and bilateral wrist pain, rated at 7-8/10, as per progress report dated 09/10/15. The request is for custom LSO brace for purchase. The RFA for this case is dated 09/22/15, and the patient's date of injury is 12/05/12. Diagnoses, as per progress report dated 09/10/15, included cervical spine myofascitis with radiculitis, r/o fibromyalgia, and lumbar spine radiculitis. Medications, as per progress report dated 07/27/15, included Norco, Sumatriptan, Gabapentin and Ambien. The patient is off work, as per progress report dated 06/26/15. ODG Guidelines, Low Back Pain chapter under Lumbar Supports state that lumbar supports such as back braces are "recommended as an option for compression fractures and specific treatment of spondylolisthesis, documented instability, and for treatment of nonspecific LBP (very low-quality evidence, but may be a conservative option). Under study for post-operative use." In this case, the reports are handwritten and difficult to decipher. A request of LSO brace "for daily use" is noted in progress report dated 09/10/15. The reports, however, do not document spinal instability, spondylolisthesis or compression fractures. There is no radiographic evidence of instability either. ODG states there is very low quality evidence for the use of lumbar bracing for non-specific LBP. Hence, the request is not medically necessary.

Chiropractic treatment, 2x a week for 4 weeks (8 visits), cervical and lumbar spine: 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 rationale: The 44 year old complains of neck pain, lower back pain, left elbow pain, shoulder pain, and bilateral wrist pain, rated at 7-8/10, as per progress report dated 09/10/15. The request is for chiropractic treatment, 2x a week for 4 weeks (8 visits), cervical and lumbar spine. The RFA for this case is dated 09/22/15, and the patient's date of injury is 12/05/12. Diagnoses, as per progress report dated 09/10/15, included cervical spine myofascitis with radiculitis, r/o fibromyalgia, and lumbar spine radiculitis. Medications, as per progress report dated 07/27/15, included Norco, Sumatriptan, Gabapentin and Ambien. The patient is off work, as per progress report dated 06/26/15. MTUS Chronic Pain Medical Treatment Guidelines 2009, Manual therapy and Manipulation section, pages 58 and 59 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 reports are handwritten and difficult to decipher. A request for 8 sessions of chiropractic care is first noted in progress report dated 04/13/15. Another request for chiropractic care "for flare-up of pain to the C/S and L/S" is noted in progress report dated 07/27/15. A letter of Authorization from Claims Examiner dated 08/03/15 indicates that the patient has been authorized for eight sessions. The current request for "additional" chiropractic therapy is noted in progress report dated 09/10/15. The treater states that patient is improving with respect to "mobility of C/S and decrease in end range pain." A review of the progress reports indicates that the patient has received multiple chiropractic therapy sessions, although there is no indication of the actual number of sessions completed until now. The patient has seen some improvement in cervical pain, as per progress report dated 09/10/15. However, there is no indication that prior chiropractic care helped the patient's lower back. There is no documentation of objective functional improvement as well. MTUS allows for up to 18 visits over 6 to 8 weeks with evidence of objective functional improvement. For recurrences/flare-ups, the guidelines recommend 1 to 2 visits every 4 to 6 months with treatment success and if return to work is achieved. Given the lack of relevant documentation, the request is not medically necessary.