MAXIMUS Federal Services

Case Number:	CM15-0031186		
Date Assigned:	02/24/2015	Date of Injury:	10/21/2011
Decision Date:	05/12/2015	UR Denial Date:	01/20/2015
Priority:	Standard	Application Received:	02/19/2015

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, District of Columbia, Maryland
Certification(s)/Specialty: Anesthesiology, Pain Management

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 45 year old female, who sustained an industrial injury on 10/20/2011. She reported feeling a pull and hearing a pop in her low back causing the acute onset of pain in the lumbo-sacral region when lifting boxes. The diagnoses have included lumbar disc herniation, lumbar sprain and lumbar neuritis. Treatment to date was not documented. According to the Doctor's first report of occupational injury or illness dated 1/12/2015, the injured worker complained of constant pain in the lumbar region with radiation into the lower kinetic chain. Physical exam revealed limited lumbar range of motion. There was moderate myospasm present within the lumbo-sacral region. Edema was present within the lumbo-sacral region. The injured worker presented in an antalgic posture and gait was altered. The treatment plan was for spinal manipulation, electro-muscle manipulation, myofascial release and mechanical traction.

IMR ISSUES, DECISIONS AND RATIONALES

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

Mechanical Traction 2 x 4 weeks for the Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and manipulation. Decision based on Non-MTUS Citation Official Disability Guidelines, Online Edition, Low Back Chapter, Chiropractic, Manipulation, Physical Therapy.

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

Decision rationale: Per the ACOEM guidelines: "Traction has not been proven effective for lasting relief in low back pain. Because evidence is insufficient to support using vertebral axial decompression for treating low back injuries, it is not recommended." As mechanical traction is not recommended, the request is not medically necessary.

Manipulation Electro-Muscle Stimulation: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and Manipulation. Decision based on Non-MTUS Citation Official Disability Guidelines, Online Edition, Low Back Chapter, Chiropractic, Manipulation, Physical Therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy Page(s): 114-116.

Decision rationale: Per the MTUS guidelines with regard to muscle stimulation: Not recommended: NMES is used primarily as part of a rehabilitation program following stroke and there is no evidence to support its use in chronic pain. There are no intervention trials suggesting benefit from NMES for chronic pain. As the requested treatment is not recommended by the guidelines, the request is not medically necessary.

Myofascial Release: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and manipulation. Decision based on Non-MTUS Citation Official Disability Guidelines, Online Edition, Low Back Chapter, Chiropractic, Manipulation, Physical Therapy.

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

Decision rationale: Per the MTUS guidelines with regard to massage therapy: "Recommended as an option as indicated below. This treatment should be an adjunct to other recommended treatment (e.g. exercise), and it should be limited to 4-6 visits in most cases. Scientific studies show contradictory results. Furthermore, many studies lack long-term follow-up. Massage is beneficial in attenuating diffuse musculoskeletal symptoms, but beneficial effects were registered only during treatment. Massage is a passive intervention and treatment dependence should be avoided. This lack of long-term benefits could be due to the short treatment period or treatments such as these do not address the underlying causes of pain." The request IS medically necessary.