

Case Number:	CM15-0043688		
Date Assigned:	03/13/2015	Date of Injury:	08/08/2002
Decision Date:	05/04/2015	UR Denial Date:	02/17/2015
Priority:	Standard	Application Received:	03/09/2015

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: Arizona, Michigan

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 47-year-old male who sustained an industrial injury on 08/08/2002. He states he bent over to pick up something and it felt like his legs were kicked out from under him. He described the pain as intense and dropped to the ground. He reported intense pain in his low back with inability to straighten up. Later he experienced pain and numbness in left buttock down to leg and toes. Treatment to date includes ultrasound, light massage and gentle adjustments. Other treatment consisted of Pilates classes. Diagnoses include flare up - thoracic, lumbar, sacral sprain and strain facet syndrome; flare up abnormal gait, stance and flare up thoracic, lumbar, gluteal muscle spasms and trigger point. The injured worker returns for re-exam for flare-up of mid to lower back pain and stiffness which had increased over the past 3 weeks. He states his pain has not been reduced with home care of ice and pain medications. Physical exam noted postural sway to the left. Pain is noted with lumbar and hip flexion. The provider requested chiropractic treatment consisting of 8 CMT, myofascial release, ultrasound and exercises to keep the injured worker at work. The provider documents that prior treatment protocols were successful.

IMR ISSUES, DECISIONS AND RATIONALES

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

Manipulation x 8: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation.

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

Decision rationale: Per the MTUS, manual therapy and manipulation is recommended for chronic pain if caused by a musculoskeletal condition. The goal is the achievement of objective measurable gains in functional improvement that facilitate progression in the patients therapeutic exercise program and return to productive activities. For the low back a trial of 6 visits over 2 weeks with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks. Elective or maintenance care is not medically necessary and for recurrences /flare-ups, treatment success needs to be re-evaluated and if return to work achieved then 1-2 visits every 4-6 months. Time to produce effect is 4-6 treatments. a review of the injured workers medical records reveal that he has had prior adjustments. Per the guidelines for flare-up 1-2 visits every 4-6 months if previous treatment was successful, therefore based on the guidelines the request for Manipulation x 8 is not medically necessary.

Myofascial release x 8: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) / Myofascial pain.

Decision rationale: The MTUS did not specifically address the use of myofascial release and therefore other guidelines were consulted. Per the ODG, the therapy for myofascial pain requires enhancing central inhibition through pharmacology or behavioral techniques and simultaneously reducing peripheral inputs through physical therapies including exercises and trigger point-specific therapy. Long-term clinical efficacy of most treatment for trigger points and myofascial pain has not been determined due to lack of research. Based on this guideline the request for Myofascial release x 8 is not medically necessary.

Ultrasound x 8: 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).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ultrasound, therapeutic Page(s): 123.

Decision rationale: Per the MTUS, therapeutic ultrasound is not recommended. There is little evidence to show that therapeutic ultrasound is more effective than placebo for treating people

with pain or for promoting soft tissue healing. Based on this guideline the request for Ultrasound x 8 is not medically necessary.

Exercise therapy x 8: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Per the MTUS, 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 not sufficient evidence to support the recommendation of any particular regimen over any other. A therapeutic exercise program should be initiated at the start of any treatment or rehabilitation program unless exercise is contraindicated. However a review of the injured workers medical records reveal that he has been involved in an exercise regimen (pilates) and there is no documentation of subjective or objective pain and functional improvement based on the exercise therapy without this information the request is not medically necessary and cannot be established.