

Case Number:	CM15-0082119		
Date Assigned:	05/04/2015	Date of Injury:	05/06/2011
Decision Date:	07/10/2015	UR Denial Date:	04/20/2015
Priority:	Standard	Application Received:	04/29/2015

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 49 year old male, who sustained an industrial injury on May 6, 2011. The injured worker has been treated for low back complaints. The diagnoses have included lumbar strain, lumbosacral spondylosis without myelopathy, sacroilitis, lumbar neuritis, myofascial trigger points and myofascial pain syndrome. Treatment to date has included medications, radiological studies, injections and chiropractic treatment. Current documentation dated April 20, 2015 notes that the injured worker reported constant low back pain and left knee pain. The pain was rated a four out of ten on the visual analogue scale. Physical examination of the lumbar spine revealed hypertonic muscle bands, radiating pain and a decreased range of motion. A straight leg raise test was positive on the left side and a Kemp's maneuver was positive bilaterally. Examination of the left knee revealed a painful and decreased range of motion. The treating physician's plan of care included requests for a lumbosacral brace, lumbar manual therapy, lumbar therapeutic stretching, lumbar trigger point injections and neuromuscular re-education.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbosacral brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official disability guidelines low Back chapter: lumbar supports.

Decision rationale: According to the 04/10/2015 report, this patient presents with constant, burning, sharp, shooting low back pain that is "getting worse". The current request is for Lumbosacral brace but the treating physician's report containing the request and the request for authorization is not included in the file. The patient's work status is not included in the file for review. The ACOEM Guidelines page 301 on lumbar bracing states, "lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief". ODG Guidelines regarding lumbar supports states "not recommended for prevention", however, "recommended as an option for compression fractures and specific treatment of spondylolisthesis, documented instability, and for treatment of nonspecific lower back pain (very low quality evidence but may be a conservative option)". In this case, the patient does not present with fracture, instability or spondylolisthesis to warrant lumbar bracing. The guidelines support the use of a lumbar brace in the acute phase of care and this patient is in the chronic phase of care. Therefore, the request is not medically necessary.

Manual therapy 3 times a week for 6 weeks for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and manipulation Page(s): 58-60.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58-59.

Decision rationale: According to the 04/10/2015 report, this patient presents with constant, burning, sharp, shooting low back pain that is "getting worse". The current request is for Manual therapy 3 times a week for 6 weeks for the lumbar spine but the treating physician's report containing the request and the request for authorization is not included in the file. The patient's work status is not included in the file for review. The Utilization Review denial letter states "The submitted documentation notes that the claimant has been treated with manual therapy. However, there is limited documentation of functional improvements as well as measurable objective gains". Regarding chiropractic manipulation, MTUS states, "A Delphi consensus study based on this meta-analysis has made some recommendations regarding chiropractic treatment frequency and duration for low back conditions. They recommend an initial trial of 6-12 visits over a 2-4 week period, and, at the midway point as well as at the end of the trial, there should be a formal assessment whether the treatment is continuing to produce satisfactory clinical gains." Review of the 03/02/2015 to 04/10/2015 reports show the patient has had 13 sessions of Manual therapy. While MTUS guidelines allow up to 24 sessions of chiro treatments following initial trial of 6-12. However, the treating physician provided no documentation of functional improvement. Without this information, one cannot consider additional treatments. MTUS page 8 requires that the treater provide monitoring of the patient's progress and make appropriate recommendations. The medical necessity was not substantiated at this time; therefore, this request is not medically necessary.

Therapeutic stretching 3 times a week for 6 weeks for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Exercise Page(s): 46-47. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines low back chapter: Stretching.

Decision rationale: According to the 04/10/2015 report, this patient presents with constant, burning, sharp, shooting low back pain that is "getting worse." The current request is for Therapeutic stretching 3 times a week for 6 weeks for the lumbar spine but the treating physician's report containing the request and the request for authorization is not included in the file. The patient's work status is not included in the file for review. The Utilization Review denial letter states "there is no indication that the requested treatment will be used in adjunct with a home exercise program. Moreover, there is limited discussion regarding the claimant's response from this treatment." Regarding Therapeutic stretching, ODG low back chapter states "Recommended only as part of an exercise program. No evidence supports stretching as effective treatment for acute low back problems, but it may be used as part of an exercise program, and it may aid in prevention. Recommended low back stretching exercises may include slump stretching (bending the back forward) or directional preference stretching". Based on the 03/02/2015 to 04/10/2015 reports, the therapeutic stretching was performed on the patient as part of the treatment and is not part of an exercise program. In this case, the patient should be able to perform the necessary stretching at home as part of an exercise program. Such stretching does not require formalized treatment by the treater or therapist for additional billing. The request is not medically necessary.

Trigger point injections 2 times a week for 6 weeks for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger point injections, Criteria for the use of trigger point injections Page(s): 122.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines trigger point injections Page(s): 122.

Decision rationale: According to the 04/10/2015 report, this patient presents with constant, burning, sharp, shooting low back pain that is "getting worse". The current request is for Trigger point injections 2 times a week for 6 weeks for the lumbar spine but the treating physician's report containing the request and the request for authorization is not included in the file. The patient's work status is not included in the file for review. Regarding trigger points, MTUS recommends injections if examination findings show tenderness with taut band and referred pain. Review of the provided reports show that the patient has "radiating pain" in the lumbar spine. Based on available information, the patient has radicular symptoms for which trigger point injections are not indicated. Furthermore, the physical exam does not show trigger points that have taut band and referred pain pattern as MTUS guidelines require for trigger point injections. The current request is not medically necessary.

Neuromuscular re-education 3 times a week for 6 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: According to the 04/10/2015 report, this patient presents with constant, burning, sharp, shooting low back pain that is "getting worse". The current request is for Neuromuscular re-education 3 times a week for 6 weeks but the treating physician's report containing the request and the request for authorization is not included in the file. The patient's work status is not included in the file for review. MTUS pages 98, 99 have the following: "Physical Medicine: recommended as indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine". MTUS guidelines pages 98, 99 states that for "Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits over 4 weeks are recommended." Review of the available records show no documentation that the patient is in a post-operative time frame regarding physical therapy for the lumbar spine. The provided reports do not show physical therapy reports and no discussion regarding the patient's progress. There is no documentation of flare-up or a new injury to warrant formalized therapy. The treater does not discuss the patient's treatment history nor the reasons for requested additional therapy. No discussion is provided as to why the patient is not able to perform the necessary home exercises. MTUS page 8 requires that the treater provide monitoring of the patient's progress and make appropriate recommendations. In addition, the requested 18 sessions exceed what is allowed by MTUS guidelines. MTUS supports 8-10 sessions of physical therapy for this type of myalgia condition. The current request is not medically necessary.