

Case Number:	CM14-0120189		
Date Assigned:	08/06/2014	Date of Injury:	04/07/1990
Decision Date:	09/10/2014	UR Denial Date:	07/01/2014
Priority:	Standard	Application Received:	07/29/2014

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. The expert reviewer is Licensed in Chiropractic and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 51-year-old male. At the time of injury, the patient was tennis professional. On 04/07/1990, he was playing doubles, and when preparing to orchestrate an overhead smash on the tennis ball he pushed off of his left foot and felt low back pain. On 07/02/2009, the treating chiropractor's recommendation included nonsurgical decompression and spinal manipulation at a frequency of 3 times per week for 4 weeks and 2-3 times per week for 4 weeks. The chiropractor's progress notes of 11/04/2013 and 01/02/2014 report the patient continued to treat with 6 sessions per month of manipulation and decompression. The chiropractor's progress notes of 04/02/2014 and 05/16/2014 report the patient continued to treat 6 times per month for chronic low back pain. On 04/02/2014 and 05/16/2014 gait remained normal, the patient remained with decreased active range of motion of lumbar spine in all planes, the patient remained with tenderness to palpation of lumbar paraspinal muscles and sacral sulcus, and the patient was slightly guarded rising from a lying to seated position. Diagnoses were noted as chronic bilateral lumbar radiculopathy, history of multilevel lumbar spondylosis, chronic myofascial pain syndrome, and chronic low back pain. The patient remained permanent and stationary. The chiropractor noted he would continue current treatment plan of 6 office visits monthly with manipulation and manual spinal decompression. On 06/18/2014, the chiropractor requested 2 spinal decompression visits a week with 1 spinal manipulation a week. On 07/08/2014, an addendum request for authorization to care was submitted with the following: (1) spinal decompression therapy per week for adjunctive therapies, equaling 52 visits per year, not 104, and (1) chiropractic manipulation every other week with adjunctive therapies, equaling 26 visits per year, not 52. This record indicated the patient had treated with chiropractic therapy on 407 sessions over the past 24 years. The record notes the patient reported significant pain relief or 3-4 days after each session.

IMR ISSUES, DECISIONS AND RATIONALES

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

Spinal manipulation one time a week for one year (52 sessions): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-299, Chronic Pain Treatment Guidelines Manual Therapy Page(s): 58.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation Page(s): 58-60.

Decision rationale: The request for additional chiropractic spinal manipulation treatment visits for the lumbar spine at a frequency of 1 visits per week for 1 year (52 total visits) is not supported to be medically necessary. MTUS (Medical Treatment Utilization Guidelines) supports a trial of up to 6 visits over 2 weeks of manual therapy and manipulation in the treatment of chronic pain complaints if caused by musculoskeletal conditions. With evidence of objective functional improvement with care during the 6-visit treatment trial, a total of up to 18 visits over 6-8 weeks may be considered. Elective/maintenance care is not medically necessary. Relative to recurrences/flare-ups, there is the need to evaluate prior treatment success, if RTW (return to work) then 1-2 visits every 4-6 months. The patient has reportedly treated with chiropractic therapy on 407 sessions over the past 24 years. Since at least 11/04/2013, the treatment plan has remained 6 chiropractic treatment sessions per month. Chiropractic records provided for this review report subjective and objectives have remained essentially unchanged. There is no documentation of measured objective functional improvement with chiropractic care rendered, there is no measured objective evidence of a recurrence/flare-up, and elective/maintenance care is not supported; therefore, the request for additional chiropractic manual therapy and manipulative treatment visits MTUS recommendations and is not supported to be medically necessary.

Spinal decompression therapy 2 times a week for one year (104 sessions): 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), Low Back Chapter, Powered Traction Devices.

MAXIMUS 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 - Lumbar & Thoracic (Acute & Chronic), Procedure Summary - Powered Traction Devices and Vertebral Axial Decompression (VAX-D). Updated 08/22/2014. American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, Chapter 6 Chronic Pain, (2008) page 205. American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, Chapter 12, Low Back Disorders, (2007) page 146.

Decision rationale: The request for additional spinal decompression treatment visits for the lumbar spine at a frequency of 2 visits per week for 1 year (104 total visits) is not supported to be

medically necessary. MTUS makes no recommendations for or against traction; therefore, ACOEM and Official Disability Guidelines (ODG) have been referenced, and these sources do not support medical necessity for non-surgical spinal decompression. ACOEM reports traction has not been proved effective for lasting relief in treating low back pain, and using vertebral axial the compression for treating low back injuries is not recommended. ACOEM's 2007 Low Back Disorders chapter reports traction is not recommended for treatment of acute, subacute, or chronic low back pain (LBP) or radicular pain syndromes. ACOEM's 2008 Chronic Pain chapter reports traction and decompression through traction and other decompressive devices have not been shown to be effective and are not recommended. ODG reports powered traction devices and vertebral axial decompression are not medically necessary.