MAXIMUS Federal Services

Case Number:	CM14-0140524		
Date Assigned:	09/10/2014	Date of Injury:	08/14/2001
Decision Date:	10/10/2014	UR Denial Date:	08/28/2014
Priority:	Standard	Application Received:	08/29/2014

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 Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Illinois. 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 injured worker is a 56 year old female with a reported date of injury on 08/14/2001. The mechanism of injury was a fall. The diagnoses included chronic neck and lower back pain. The past treatment included medications and chiropractic therapy. The MRI of the lumbar spine performed on 09/14/2011 revealed disc bulge and mild stenosis at L3-L4 and L4-L5 levels. The surgical history included a cervical fusion at C4-5 and C5-6 in 2004. The subjective complaints on 08/11/2014 included neck and low back pain rated at 5/10. The physical examination noted sensation was intact in all dermatomes of the upper and lower extremities. The reflexes were 1+ in the upper and lower extremities and hyporeactive in the ankles. The medications included flexeril. The treatment plan was for continued chiropractic therapy and to order a lumbar traction unit. The rationale was to relieve pain. The request for authorization form was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home Lumbar Traction Unit (Purchase): 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-Treatment for Worker's Compensation, Low Back Procedure Summary last updated 8/22/14

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-300.

Decision rationale: The request for Home Lumbar Traction Unit (Purchase) is not medically necessary. The California MTUS/ACOEM Guidelines state traction has not been proved effective for lasting relief in treating low back pain. Because evidence is insufficient to support using vertebral axial decompression for treating low back injuries, it is not recommended. The patient has chronic neck and low back pain. The guidelines do not recommend traction as it has not been proven effective for lasting relief in treating low back pain. As traction is specifically not recommended by the guidelines, the request is not supported. As such, the request is not medically necessary.

Continued Chiropractic Sessions (Cervical/Lumbar) 1-2x/week for 3 weeks, 6 visits total: Upheld

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

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

Decision rationale: The request for Continued Chiropractic Sessions (Cervical/Lumbar) 1-2x/week for 3 weeks, 6 visits total is not medically necessary. The California MTUS Guidelines state manual therapy & manipulation is recommend as an option to treat low back pain an initial trial of 6 visits is supported and continued visits should be contingent on documentation of objective functional improvement. The injured worker has chronic neck and back pain. The notes indicate that the she has already been receiving chiropractic therapy visits and would like to continue treatment. There was a lack of documentation regarding decreased range of motion or decreased motor strength to establish a need for physical treatment. Additionally, there was no objective functional progress from the previous chiropractic sessions that were rendered. In absence of functional deficits and objective improvement from previous treatment, the request is not supported by the guidelines. As such, the request is not medically necessary.