MAXIMUS Federal Services

Case Number:	CM15-0115309		
Date Assigned:	06/23/2015	Date of Injury:	03/23/1999
Decision Date:	07/23/2015	UR Denial Date:	05/12/2015
Priority:	Standard	Application Received:	06/15/2015

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: 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 51 year old male who sustained an industrial injury on 03/23/1999. Diagnoses include lumbar segment dysfunction, sacroiliac dysfunction and muscle spasm. Treatment to date has included diagnostic studies, heat, ice, medications, spinal adjustments, home exercises, and ultrasound to reduce soft tissue swelling. On 01/29/2015 a Magnetic Resonance Imaging of the thoracic spine was done and showed mild central canal stenosis, with some mild central protrusion at T7-8 with an associated annular tear, and small protrusions at T6-7, and T9-10, and at T11-12 there is an approximate 2mm diffuse disc bulge osteophyte complex with mild-moderate right-sided neural foraminal narrowing. A Magnetic Resonance Imaging of the lumbar spine showed moderate to marked central canal stenosis to L3-4. At L3-4, there is a 2mm probable right-sided facet joint cyst associated with the right ligamentum flavum. Findings result in moderate right lateral recess encroachment. At L4-5, there is a central disc protrusion with resultant mild-moderate bilateral lateral recess encroachment and moderate right- sided and mild moderate left sided neural foraminal narrowing. There is moderate to marked disc space narrowing at L4-5. A physician progress note dated 05/04/2015 documents the injured worker complains of moderate lower back pain rated 7 out of 10 for the last week with radiating pain into the right leg and to the ankle. Right S1 feels lock again. He has difficulty straightening up and restricted bending to get dressed. He has a positive Deerfield, S1 compression and Kemps. There is palpable paraspinal muscular rigidly along the Erectors and Iliolumbar bilaterally. Treatment requested is for retrospective request for unknown CMT for 3 areas to include myofascial and ultrasound (DOS: 5/1/15).

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for unknown CMT for 3 areas to include myofascial and ultrasound (DOS: 5/1/15): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 146, 169, 300.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter/Shock Wave Therapy Section Low Back Chapter/Manipulation Section.

Decision rationale: Per MTUS guidelines manipulation appears safe and effective in the first few weeks of back pain without radiculopathy. Of note is that most studies of manipulation have compared it with interventions other than therapeutic exercise, hence its value as compared with active, rather than passive, therapeutic options is unclear. Nonetheless, in the acute phases of injury manipulation may enhance patient mobilization. If manipulation does not bring improvement in three to four weeks, it should be stopped and the patient reevaluated. For patients with symptoms lasting longer than one month, manipulation is probably safe but efficacy has not been proved. A trial of manipulation for patients with radiculopathy may also be an option. There is consensus on its utility among practitioners who perform it, when radiculopathy is not progressive, and large series and cohort studies suggest value for some forms of manipulation do not address manipulation of the low back. Per the ODG Manipulation is recommended as an option. Medical evidence shows good outcomes from the use of manipulation in acute low back pain without radiculopathy (but also not necessarily any better than outcomes from other recommended treatments). If manipulation has not resulted in functional improvement in the first one or two weeks, it should be stopped and the patient reevaluated. For patients with chronic low back pain, manipulation may be safe and outcomes may be good, but the studies are not quite as convincing. The MTUS Guidelines do not address the use of extracorporeal shock wave therapy to the lumbar spine. The ODG does not recommend the use of shock wave therapy as the available evidence does not support the effectiveness of ultrasound or shock wave for treating low back pain. In this case, the injured worker is diagnosed with long term chronic low back pain with no evidence of acute exacerbation of pain that would benefit from manipulation. Additionally, the use of ultrasound for low back pain is not supported by the guidelines. The request for retrospective request for unknown CMT for 3 areas to include myofascial and ultrasound (DOS: 5/1/15) is determined to not be medically necessary.