

<b>Case Number:</b>	CM15-0128973		
<b>Date Assigned:</b>	07/15/2015	<b>Date of Injury:</b>	10/24/2001
<b>Decision Date:</b>	08/10/2015	<b>UR Denial Date:</b>	06/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/02/2015

### 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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 65-year-old female, who sustained an industrial injury on October 24, 2001, incurring neck and back injuries. She was diagnosed with cervical disc degeneration, spondylolisthesis and lumbar degenerative disc disease. Treatment included chiropractic sessions adjustments, mechanical traction, physical therapy, home exercise program, anti-inflammatory drugs, pain medications and modified activities. Currently, the injured worker complained of slight pain to the neck and low back radiating to the groin region. She noted upper back pain causing frequent headaches. The treatment plan that was requested for authorization included manipulation therapeutic exercise, modalities traction for the lumbar and cervical spine. There is a document dated 7/26/15 where the patient states that her physician has her doing exercises at a gym but despite this she still requires periodic care for flare ups. Without the care she was provided in the past for flare ups she could not continue her job without taking time off and the care keeps her functional and not needing to take off time from work. She states that her claim was settled with a provision for further chiropractic care.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Manipulation therapeutic exercise, modalities traction (lumbar, cervical) 4 visits over the next 2-3 weeks: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints Page(s): 300 and 174, Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58-60.

**Decision rationale:** Manipulation therapeutic exercise, modalities traction (lumbar, cervical) 4 visits over the next 2-3 weeks is not medically necessary per the MTUS Guidelines. The MTUS ACOEM Guidelines state that 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. Similarly, the MTUS states that for cervical pain, there is no high-grade scientific evidence to support the effectiveness or ineffectiveness of passive physical modalities such as traction. The MTUS states that for the low back manual medicine is recommended as an option with therapeutic care of 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/maintenance care is not medically necessary. For recurrences/flare-ups treatment success needs to be evaluated. If there is return to work 1-2 visits every 4-6 months is supported. The documentation indicates that the patient has had prior similar treatments with manipulation, therapeutic exercise, modalities including traction but it is unclear exactly how many sessions the patient has had. Furthermore, it is not clear that this is a flare up and for flare-ups, the MTUS only supports 1-2 visits every 4-6 weeks. The request exceeds this number. Furthermore, traction is not supported by the MTUS, as being effective long term for low back or neck pain therefore this request is not medically necessary.