MAXIMUS Federal Services

Case Number:	CM15-0169120		
Date Assigned:	10/02/2015	Date of Injury:	04/19/2015
Decision Date:	11/13/2015	UR Denial Date:	08/21/2015
Priority:	Standard	Application Received:	08/27/2015

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: Texas, New York, 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 applicant is a represented 55-year-old who has filed a claim for chronic mid and low back pain reportedly associated with an industrial injury of April 19, 2015. In a Utilization Review report dated August 21, 2015, the claims administrator failed to approve requests for a Saunders Home Traction Unit and eight sessions of chiropractic manipulative therapy. The claims administrator referenced an August 13, 2015 office visit and an associated RFA form of the same date in its determination. The applicant's attorney subsequently appealed. On said August 13, 2015 office visit, the applicant reported ongoing complaints of neck, mid back, and low back pain, 7-8/10. The applicant's comorbidities included diabetes, hypertension, depression, and hypothyroidism, it was reported. The applicant also had undergone earlier laminectomy surgery and a plantar fasciotomy, it was reported. The applicant's medication list included metformin, Levoxyl, Zestril, Tylenol With Codeine, Neurontin, Prozac, and Wellbutrin, it was reported. The applicant was working regular duty, the treating provider reported in the social history section of the note. The attending provider contended that the applicant had started manipulative therapy in February 2014 and had developed a flare and/or re-injury of the same on April 19, 2015. Manipulative therapy, Norflex, and a traction device were endorsed. The applicant was returned to regular duty work. On September 17, 2015, the treating provider suggested that the applicant begin eight sessions of chiropractic manipulative therapy, continue Norflex, and employ a TENS unit on a trial basis. The applicant was also asked to consider acupuncture and physical therapy while returning to regular work.

IMR ISSUES, DECISIONS AND RATIONALES

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

Saunders home traction unit (rental or purchase): Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Summary, and Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

Decision rationale: No, the request for a Saunders Home Traction Unit was not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 12, Table 12-8, page 308, traction, i.e., the modality at issue is deemed not recommended in the evaluation and management of applicants with low back pain complaints, as were/are present here. The attending provider failed to furnish a clear or compelling rationale for selection of this particular modality in the face of the unfavorable ACOEM position on the same. Page 98 of the MTUS Chronic Pain Medical Treatment Guidelines further stipulates that passive modalities, as a whole, should be employed sparingly during the chronic pain phase of treatment. Here, the attending provider's seemingly concurrent requests for multiple different passive modalities to include traction, manipulative therapy, and a TENS unit, taken together, strongly suggested a reliance on passive modalities which ran counter to the philosophy espoused on page 98 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.

Chiropractic sessions 1x8 (lumbar): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation.

Decision rationale: Similarly, the request for eight sessions of chiropractic manipulative therapy was likewise not medically necessary, medically appropriate, or indicated here. The treating provider reported on August 13, 2015 that the applicant had sustained a recent flare in low back pain complaints. Page 58 of the MTUS Chronic Pain Medical Treatment Guidelines stipulates that 1-2 sessions of chiropractic manipulative therapy should be employed in cases of recurrences of flares of pain in applicants who have demonstrated treatment success by achieving and/or maintaining successful return to work status. Here, while the applicant had achieved and/or maintained successful return to work status, the request for eight sessions of manipulative therapy represented treatment well in excess of the 1-2 visits suggested on page 58 of the MTUS Chronic Pain Medical Treatment Guidelines for recurrences and/or flares of low back pain, as was apparently present here on or around the date in question, August 13, 2015. Therefore, the request was not medically necessary.