

Case Number:	CM15-0172809		
Date Assigned:	09/14/2015	Date of Injury:	11/03/2003
Decision Date:	10/21/2015	UR Denial Date:	07/30/2015
Priority:	Standard	Application Received:	09/02/2015

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: Texas, California

Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 63 year old male with a date of injury on 11-3-2003. A review of the medical records indicates that the injured worker is undergoing treatment for recurrent lumbar spine sprain-strain with grade III spondylolistheses of L5 on S1; occasional left L5-S1 radiculopathy with aberrant L4-L5 retrolisthesis and hypermobility C2-C3 and C3-C4, recurrent cervical spine sprain-strain and myofascial pain. According to the progress report dated 6-12-2015, the injured worker complained of constant right groin pain rated 5-6 with a foul smell from the area. He complained of constant low back pain rated 5, neck pain rated 3 and bilateral shoulder pain rated 2-3. The physical exam (6-12-2015) revealed an antalgic gait. The patient had used a cane ambulation. The physician noted (6-12-2015) "See positive videofluoroscopic report of 1-30-05 revealing hypermobility in the lumbar spine and integrity compromise in the cervical spine." Treatment has included surgery, magnetic resonance imaging (MRI) and chiropractic treatment. The request for authorization dated 8-12-2015 was for myofascial release therapy, traction to the lumbar spine, chiropractic manual treatment 3-4 levels, referral to surgeon and referral to doctor to rule out infection. The original Utilization Review (UR) (7-30-2015) non-certified requests for referral for myofascial release therapy, traction to the lumbar spine and chiropractic manual treatment 3-4 levels twice monthly for three months. Utilization Review certified a request for referral to a surgeon for consult and treatment. The patient had received an unspecified number of chiropractic visits for this injury. The patient sustained the injury when he was lifting a client. The patient's surgical history include inguinal hernia repair and shoulder surgery in 2012.

The patient has had MRI of the lumbar spine on 6/5/2007 that revealed spondylolisthesis and degenerative disc changes. There was no operative note in the records provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Referral for myofascial release therapy, traction to the lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines Independent Medical Examinations and Consultations page 127, 156; Official Disability Guidelines (ODG) Pain Chapter.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Physical Methods, and Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back (updated 09/22/15) Traction.

Decision rationale: Referral for myofascial release therapy , traction to the lumbar spine. Per the MTUS guidelines regarding chiropractic treatment, "One of the goals of any treatment plan should be to reduce the frequency of treatments to the point where maximum therapeutic benefit continues to be achieved while encouraging more active self-therapy, such as independent strengthening and range of motion exercises, and rehabilitative exercises. Patients also need to be encouraged to return to usual activity levels despite residual pain, as well as to avoid catastrophizing and overdependence on physicians, including doctors of chiropractic." In addition the cite guideline states "Several studies of manipulation have looked at duration of treatment, and they generally showed measured improvement within the first few weeks or 3-6 visits of chiropractic treatment, although improvement tapered off after the initial sessions. If chiropractic treatment is going to be effective, there should be some outward sign of subjective or objective improvement within the first 6 visits." As per cited guideline, "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." According the cited guidelines, "Not recommended using powered traction devices, but home-based patient controlled gravity traction may be a noninvasive conservative option, if used as an adjunct to a program of evidence-based conservative care to achieve functional restoration. As a sole treatment, traction has not been proved effective for lasting relief in the treatment of low back pain." Therefore mechanical traction is has not been proved effective for lasting relief in the treatment of low back pain and is not recommended by the cited guideline. Detailed response to previous conservative therapy was not specified in the records provided. Prior conservative therapy visit notes were not specified in the records provided. The response of the symptoms to a period of rest, oral pharmacotherapy is not specified in the records provided. Evidence of diminished effectiveness of medications or intolerance to medications (that would preclude the use of oral medications) was not specified in the records provided. The medical necessity of the request for Referral for myofascial release therapy, traction to the lumbar spine is not fully established in this patient and is not medically necessary.

Chiropractic manual treatment 3-4 levels , twice (2) monthly for three (3) months: 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: Chiropractic manual treatment 3-4 levels, twice (2) monthly for three (3) months. Per the MTUS guidelines regarding chiropractic treatment, "One of the goals of any treatment plan should be to reduce the frequency of treatments to the point where maximum therapeutic benefit continues to be achieved while encouraging more active self-therapy, such as independent strengthening and range of motion exercises, and rehabilitative exercises. Patients also need to be encouraged to return to usual activity levels despite residual pain, as well as to avoid catastrophizing and overdependence on physicians, including doctors of chiropractic." In addition the cite guideline states "Several studies of manipulation have looked at duration of treatment, and they generally showed measured improvement within the first few weeks or 3-6 visits of chiropractic treatment, although improvement tapered off after the initial sessions. If chiropractic treatment is going to be effective, there should be some outward sign of subjective or objective improvement within the first 6 visits." Patient has received an unspecified number of chiropractic visits for this injury. The notes from the previous rehabilitation sessions were not specified in the records provided. There was no evidence of significant progressive functional improvement from the previous chiropractic visits therapy that is documented in the records provided. The records submitted contain no accompanying current chiropractic evaluation for this patient. A valid rationale as to why remaining rehabilitation cannot be accomplished in the context of an independent exercise program was not specified in the records provided. The medical necessity of the request for Chiropractic manual treatment 3-4 levels, twice (2) monthly for three (3) months is not fully established for this patient.