

Case Number:	CM15-0068493		
Date Assigned:	04/16/2015	Date of Injury:	05/11/2004
Decision Date:	05/19/2015	UR Denial Date:	03/23/2015
Priority:	Standard	Application Received:	04/10/2015

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 36-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of May 4, 2004. In a Utilization Review report dated March 23, 2015, the claims administrator approved six sessions of chiropractic manipulative therapy, denied six sessions of traction, and denied six sessions of chiropractic manipulative therapy. A March 9, 2015 progress note and an associated March 16, 2015 RFA form were referenced in the determination. The applicant's attorney subsequently appealed. On October 1, 2014, the applicant reported ongoing complaints of low back pain, 5/10. Ancillary complaints of knee pain were reported. The applicant was asked to pursue 12 sessions of chiropractic manipulative therapy. The applicant was returned to regular duty work on this occasion. On January 14, 2015, the applicant was asked to continue chiropractic manipulative therapy. Low-grade disk bulges were noted on lumbar MRI imaging. The applicant was asked to return to regular duty work. It was stated that the applicant's job at [REDACTED] involved heavy lifting tasks. On January 19, 2015, tramadol, a gym membership, and regular duty work were endorsed. The applicant denied of any focal neurologic deficits, it was acknowledged.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic treatments 2 times a week for 3 weeks: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 59-60.

Decision rationale: Yes, the request for six sessions of chiropractic manipulative therapy was medically necessary, medically appropriate, and indicated here. As noted on pages 59 and 60 of the MTUS Chronic Pain Medical Treatment Guidelines, up to 24 sessions of chiropractic manipulative therapy are supported in applicants who demonstrate treatment success by achieving and/or maintaining successful return to work status. Here, the applicant has in fact returned to and/or maintained full-time work status at [REDACTED]. Earlier manipulative therapy, thus, has in fact proven successful. Therefore, the request is medically necessary.

Traction 2 times a week for 3 weeks for the low back: 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 (ODG).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308, Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98.

Decision rationale: Conversely, the request for six sessions of traction 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, the modality at issue, is deemed "not recommended". Page 98 of the MTUS Chronic Pain Medical Treatment Guidelines also notes that passive modalities, as a whole, should be employed "sparingly" during the chronic pain phase of a claim. Here, thus, the request for traction, coupled with the request for chiropractic manipulative therapy, does represent excessive reliance on passive modalities which runs counter to the philosophy espoused on page 98 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request is not medically necessary.

Physiotherapy 2 times a week for 3 weeks for the low back: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: The request for six sessions of physical therapy for the lumbar spine was likewise not medically necessary, medically appropriate, or indicated here. The applicant, per the

claims administrator, has had prior treatment (30 sessions), seemingly well in excess of the 9- to 10-session course recommended on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines for myalgias and myositis of various body parts, the diagnoses reportedly present here. A clear or compelling rationale for further treatment was not set forth by the requesting provider, particularly in light of the fact that page 98 of the MTUS Chronic Pain Medical Treatment Guidelines stipulates that applicants are expected to continue active therapies at home as an extension of the treatment process. Here, the applicant has already returned to work. Little-to-no residual physical impairment was appreciated on the most recent office visit. It appeared, thus, that the applicant was capable of transitioning to self-directed home based physical medicine without the lengthy formal course of therapy proposed here. Therefore, the request is not medically necessary.