

Case Number:	CM15-0093998		
Date Assigned:	05/22/2015	Date of Injury:	08/24/2013
Decision Date:	07/09/2015	UR Denial Date:	05/04/2015
Priority:	Standard	Application Received:	05/15/2015

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: Physical Medicine & Rehabilitation

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 50-year-old male, who sustained an industrial injury on 08/24/2013. He reported injuring his right knee and right upper extremity after a fall. The injured worker is currently temporarily totally disabled. The injured worker is currently diagnosed as having cervical spine sprain/strain with moderate spondylosis. Treatment and diagnostics to date has included unremarkable ultrasound study of the right knee, unremarkable knee x-rays, lumbar spine MRI which showed disc protrusion, and medications. In a progress note dated 04/13/2015, the injured worker presented with complaints of neck and right knee pain. Objective findings include joint pain and muscle spasms and right knee sprain/strain. The treating physician reported requesting authorization for chiropractic therapy and associated services to include acupuncture for the neck and low back.

IMR ISSUES, DECISIONS AND RATIONALES

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

Therapeutic exercises to the neck and low back (2x12): 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 50-year-old patient presents with right knee sprain/strain, right shoulder sprain/strain, periscapular strain, lumbar sprain/strain, L4-5 and L5-S1 disc protrusion with stenosis, right mid foot sprain, right sacroiliac joint sprain, and cervical sprain/strain with C5-6 and C6-7 disc protrusion, as per progress report dated 05/08/15. The request is for therapeutic exercises to the neck and low back (2 X 12). There is no RFA for the case, and the patient's date of injury is 08/24/13. The patient is not working and is temporarily disabled, as per progress report dated 04/13/15. MTUS Guidelines pages 98 to 99 state that for patients with "myalgia and myositis, 9 to 10 sessions over 8 weeks are allowed, and for neuralgia, neuritis, and radiculitis, 8 to 10 visits over 4 weeks are allowed. "In this case, the several progress reports are handwritten and illegible. The reports do not document prior physical therapy. However, given the patient's date of injury, it is reasonable to assume that the patient has tried this treatment before. Nonetheless, MTUS only allows 8-10 sessions in non-operative cases. Hence, the request for 24 sessions is excessive and is not medically necessary.

Electro acupuncture to the neck and low back (2x12): Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792. 24. 1. Acupuncture Medical Treatment Guidelines Page(s): 13.

Decision rationale: The 50-year-old patient presents with right knee sprain/strain, right shoulder sprain/strain, periscapular strain, lumbar sprain/strain, L4-5 and L5-S1 disc protrusion with stenosis, right mid foot sprain, right sacroiliac joint sprain, and cervical sprain/strain with C5-6 and C6-7 disc protrusion, as per progress report dated 05/08/15. The request is for electro acupuncture to the neck and low back (2 X 12). There is no RFA for the case, and the patient's date of injury is 08/24/13. The patient is not working and is temporarily disabled, as per progress report dated 04/13/15. For acupuncture, the MTUS Guidelines page 8 recommends acupuncture for pain, suffering, and for restoration of function. Recommended frequency and duration is 3 to 6 treatments for trial, and with functional improvement, 1 to 2 per month. For additional treatment, the MTUS Guidelines requires functional improvement as defined by Labor Code 9792. 20(e) a significant improvement in ADLs, or change in work status and reduced dependence on medical treatments. In this case, several progress reports are handwritten and not very legible. None of the reports appear to discuss the request. While the patient suffers from chronic pain and may benefit from acupuncture, MTUS only recommends an initial trial of 3 to 6 treatments. A record of efficacy is required for additional treatments. Hence, the treater's request for 24 sessions is not medically necessary.

Apply modality 1> areas traction mechanical 2x/week for 8 weeks to the neck and 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 ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official disability guidelines 'Neck and Upper Back (Acute & Chronic)' and topic 'Traction (mechanical)'.

Decision rationale: The 50-year-old patient presents with right knee sprain/strain, right shoulder sprain/strain, periscapular strain, lumbar sprain/strain, L4-5 and L5-S1 disc protrusion with stenosis, right mid foot sprain, right sacroiliac joint sprain, and cervical sprain/strain with C5-6 and C6-7 disc protrusion, as per progress report dated 05/08/15. The request is for apply modality 1 >areas traction mechanical 2x week for 8 weeks to neck and low back. There is no RFA for the case, and the patient's date of injury is 08/24/13. The patient is not working and is temporarily disabled, as per progress report dated 04/13/15. MTUS does not provide guidance on home traction devices, so ACOEM was referenced. ACOEM, Chapter: 12, page 300, does not recommend traction for the cervical spine, due to a lack of evidence either in support or opposition of traction. ODG, Chapter 'Neck and Upper Back (Acute & Chronic)' and topic 'Traction (mechanical)' does provide evidenced based support of patient controlled home traction devices "using a seated over-the-door device or a supine device for patients with radicular symptoms when used in conjunction with a home exercise program." MTUS/ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 12, Low Back Complaints, page 300, under Physical Methods states: 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. In this case, several progress reports are handwritten and not very legible. None of the reports appear to discuss this request. ACOEM guidelines do not support the use of cervical traction units while ODG guidelines support their use only for radicular symptoms in conjunction with a home exercise program. The reports do not indicate that the patient is following HEP. Additionally, guidelines do not support use of lumbar traction. Hence, the request for mechanical traction for low back and neck is not medically necessary.

Apply modality 1 > areas electro stimulation unattended to the neck and low back 2x/week for 8 weeks: 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 neuromuscular electrical stimulation (NMES devices) Page(s): 121.

Decision rationale: The 50-year-old patient presents with right knee sprain/strain, right shoulder sprain/strain, periscapular strain, lumbar sprain/strain, L4-5 and L5-S1 disc protrusion with stenosis, right mid foot sprain, right sacroiliac joint sprain, and cervical sprain/strain with C5-6 and C6-7 disc protrusion, as per progress report dated 05/08/15. The request is for apply modality 1 >areas electro stimulation unattended to the neck and low back 2x week for 8 weeks. There is no RFA for the case, and the patient's date of injury is 08/24/13. The patient is not working and is temporarily disabled, as per progress report dated 04/13/15. The MTUS Guidelines page 121 on neuromuscular electrical stimulation (NMES devices) states, "Not recommended. NMES is used primarily as part of a rehabilitation program following a stroke, and there is no evidence to support its use in chronic pain. There is no intervention trial suggesting benefit from NMES for chronic pain." In this case, several progress reports are handwritten and not very legible. None of the reports appear to discuss this request, and the treater does not explain how the patient will benefit from this treatment. Nonetheless, MTUS does not support the use of electrostimulation for chronic pain. Hence, the request is not medically necessary.

Vertebral axial decompression 2x/week for 8 weeks to the neck and 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 Low Back Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines 'Low back Lumbar and Thoracic (acute & chronic)' and topic 'Vertebral axial decompression'.

Decision rationale: The 50-year-old patient presents with right knee sprain/strain, right shoulder sprain/strain, periscapular strain, lumbar sprain/strain, L4-5 and L5-S1 disc protrusion with stenosis, right mid foot sprain, right sacroiliac joint sprain, and cervical sprain/strain with C5-6 and C6-7 disc protrusion, as per progress report dated 05/08/15. The request is for vertebral axial decompression 2x week for 8 weeks for neck and low back. There is no RFA for the case, and the patient's date of injury is 08/24/13. The patient is not working and is temporarily disabled, as per progress report dated 04/13/15. ODG guidelines, chapter 'Low back - Lumbar and Thoracic (acute & chronic)' and topic 'Vertebral axial decompression', does not recommend this treatment and states that "Only limited evidence is available to warrant the routine use of non-surgical spinal decompression, particularly when many other well investigated, less expensive alternatives are available. "In this case, several progress reports are handwritten and not very legible. None of the reports appear to discuss this request, and the treater does not explain how the patient will benefit from this treatment. Nonetheless, ODG does not support the use of non-surgical spinal decompression. Hence, the request is not medically necessary.