

Case Number:	CM13-0025303		
Date Assigned:	11/20/2013	Date of Injury:	11/08/2012
Decision Date:	01/09/2014	UR Denial Date:	09/09/2013
Priority:	Standard	Application Received:	09/16/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Anesthesiology, has a subspecialty certificate in Pain Medicine, and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 45-year-old male who reported an injury on 11/08/2012. The patient developed right lower back pain after lifting boxes. The patient's symptoms include low back pain, weakness, and stiffness. The patient's diagnoses are listed as degenerative disc disease of the thoracic spine, multi-level disc protrusions of the thoracic spine, lumbar spine sprain, disc bulges at L3-4 and L4-5 with spinal canal narrowing, arthritis of the bilateral SI joints, depression, and hypertension. Objective findings were noted to include tenderness over the right paralumbar muscles with slight spasms and limited active range of motion due to pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy, 2x4: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines General Approaches Page(s): 98-99.

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

Decision rationale: The patient was noted to have had physical therapy previously for the lumbar spine. A physical therapy follow-up report dated 04/25/2013 states that treatment began back on 03/21/2013 and had been continued for a total of 2 supervised visits. It was noted that

██████ had made limited progress, secondary to a change in treating physician and his not knowing whether he should continue rehabilitation with physical therapy. The patient rated his pain as 7/10 throughout the low back. He also complained of pain that radiates down the right lower extremity into the calf with activities. The patient's active range of motion of the lumbar spine was noted to be flexion 24 degrees, extension 10 degrees, lateral flexion to the right and lateral flexion to the left at 12 degrees. His motor strength was noted to be -3/5 grossly throughout all the movements of the lumbar spine. It was noted that the patient would continue physical therapy 3 times a week for an additional 4 weeks. CA MTUS Guidelines would support 9-10 visits for myalgia and myositis. The patient was noted to have had 2 visits of physical therapy at the time of the last physical therapy note provided; however, it was noted that the plan was for an additional 12 visits of physical therapy at that time. Without documentation as to whether the patient had those additional 12 visits of physical therapy, it is unknown whether further physical therapy is warranted. Documentation would be required noting measurable objective functional gains prior to making a recommendation for additional physical therapy. Therefore, the requested PT 2x4 is non-certified.

Chiropractic treatment, 1x4: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-299, Chronic Pain Treatment Guidelines Page(s): 58.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation, Page(s): 58-60.

Decision rationale: The California MTUS Guidelines recommend manual therapy and manipulation for chronic pain if it is caused by a musculoskeletal condition. Specific recommendations for the low back are noted as a trial of 6 visits over 2 weeks; with evidence of objective functional improvement, a total of up to 18 visits over 6 to 8 weeks could be recommended. The patient was noted to have had chiropractic care previously. At his chiropractic exam on 02/14/2013, it was noted that the patient was going to have chiropractic care 2 times a week for 6 weeks. There was no documentation provided as to the patient's objective functional improvement with his previous chiropractic care. Therefore, additional chiropractic care is not supported by the guidelines, and the request for chiropractic 1x4 is non-certified.