

Case Number:	CM13-0043709		
Date Assigned:	12/27/2013	Date of Injury:	07/02/2013
Decision Date:	02/28/2014	UR Denial Date:	09/27/2013
Priority:	Standard	Application Received:	10/26/2013

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 Family Medicine and is licensed to practice in Arizona. 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:

Patient is a 43 year-old female with an industrial injury on 7/2/2013. Patient has been treated for ongoing low back pain. Patient has the diagnosis of a coccygeal fracture and lumbar radiculopathy. MRI demonstrated T11-T12 mild canal stenosis, and L5-S1 mild foraminal narrowing. Subjective complaints include low back pain radiating to the bilateral legs rated 10/10. Physical exam demonstrates a tearful patient wearing a lumbar support, with normal gait and full range of motion of the lumbar spine without focal or motor deficits, and has tenderness over the coccygeal area. Medications include Tylenol, Flexeril, Lodine and Tramadol. Treatments have included six sessions of physical therapy, six sessions of chiropractic manipulative therapy, and has returned to work with 10 pound lifting limitation. Patient was recommended to continue physical therapy and chiropractic care. Previous utilization review approved 6 additional physical therapy visits, and denied further chiropractic care.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2 times week for 6 weeks to Lumbosacral:

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Physical Therapy

Decision rationale: Chronic Pain Medical Treatment Guidelines do not define specific amounts of physical therapy sessions for low back pain. Official Disability Guidelines states that patients with low back pain (lumbago, sacroiliac pain, intervertebral disc disease) can receive up to 10 sessions of treatment as long as progress and functional improvement is noted. The physical therapy progress is unclear from the medical record, yet the patient has returned to modified work. The request for 12 additional therapy sessions would place her total visits at 18. This amount of therapy is not supported by guidelines. Therefore, these further physical therapy sessions are not medically necessary.

Chiropractic treatment 2 times weeks for 6 weeks to Lumbosacral: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MANUAL THERAPY Page(s): 58.

Decision rationale: Chronic Pain Medical Treatment Guidelines suggests a trial of manual therapy of 6 visits over 2 weeks, and if objective functional improvement is present, up to 18 sessions over 6-8 weeks. State guidelines also suggest therapy 1-2 times a week for two weeks, depending on severity treatment may continue at 1 treatment per week for the next 6 weeks. If chiropractic care is going to be effective, there should be some outward sign of subjective or objective improvement within the first 6 visits. This patient has already received 6 sessions of chiropractic care without clear evidence of functional improvement. If noted improvement had not been obtained in 6 sessions, ongoing treatment would likely not be beneficial. Therefore the request for further chiropractic care is not medically necessary.