

<b>Case Number:</b>	CM13-0045494		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	01/14/2005
<b>Decision Date:</b>	05/22/2014	<b>UR Denial Date:</b>	10/23/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/30/2013

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation; has a subspecialty 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 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/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 with a January 14, 2005 date of injury. The mechanism of injury is described as tugging on a cart full of mail weighing around 3500 pounds when he developed pain in his low back. An MRI of the lumbar spine was performed on October 16, 2010, which reportedly showed a 5mm right posterolateral disk at L5-S1 and a 6mm left posterolateral disk at L4-5 and 4mm left posterolateral disk at L3-4. Treatment has included a lumbar epidural steroid injection (LESI) on August 29, 2013 and prescription medications. On September 12, 2013 a Progress Note documents the patient as status post (s/p) LESI with decreased pain and numbness radiating into the right leg; his low back pain had improved by about 30% and everyday he claimed to be getting more and more relief. On examination he had normal reflexes, sensory and motor examination. There was mention that the lumbar spine had limited range of motion (ROM) but no values were provided. On October 02, 2013 a "Doctors First Report of Occupational Injury or Illness" was signed stating that the patient complained of continuous low back pain with stiffness that radiated down the legs. There was decreased passive and active ROM and decreased S1 deep tendon reflexes (DTR) on the right.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CHIROPRACTIC CARE FOR THE LUMBAR SPINE:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & Manipulation Page(s): 58-60.

**Decision rationale:** The Chronic Pain guidelines recommend chiropractic treatment as an option for low back pain. There should be a trial of six (6) visits over two (2) weeks and with evidence of objective functional improvement, it can be continued for up to 18 visits over 6-8 weeks. The medical records provided documents the patient's diagnoses includes lumbar radiculopathy and thoracic sprain. There is no documentation on how the patient has been treated in the past for these diagnoses or the effect of the prior treatment. The only treatment documented is the recent LESI and prescription medications. Further, the request does not specify the frequency or duration of treatment, which would not fall within the guidelines. Based on the guidelines, the submitted documentation and the requested service the medical necessity has not been established.

**PHYSICAL THERAPY FOR THE LUMBAR SPINE:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation.

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

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines states physical medicine can be beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Patients are instructed and expected to continue active therapies at home. The medical records provided document the patient to have improvement with the LESI received. The September 2013 office visits show the patient to have an essentially normal examination with the exception of "limited ROM". There is no documentation of what the limitation was, or what the intended goal of the treatment would be. The guidelines recommend 8-10 visits over 4 weeks for neuralgia, neuritis and radiculitis. It is not clear from the provided records what the frequency or duration of physical therapy is for this patient. Thus, the request for physical therapy to the lumbar spine is medically necessary.