

Case Number:	CM13-0047892		
Date Assigned:	12/27/2013	Date of Injury:	06/26/2006
Decision Date:	02/27/2014	UR Denial Date:	10/01/2013
Priority:	Standard	Application Received:	11/04/2013

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 Physical Medicine and Rehabilitation 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 46-year-old female who reported an injury on 06/26/2006. The mechanism of injury was noted to be a motor vehicle accident. The patient was noted to be previously treated with chiropractic care. The patient was noted to be participating in chiropractic care with some improvement. The physical examination of the cervical spine revealed that the patient had tenderness at the cervical paravertebral muscles and upper trapezial muscles with spasm. The axial loading compression test and Spurling's maneuver were noted to be positive. The patient was noted to have tenderness to palpation from the mid to distal lumbar segments. The patient was noted to have pain with terminal motion. The patient's seating nerve root test was positive, and the patient was noted to have dysesthesia at the L5 dermatome. The patient's diagnoses were noted to include cervical discopathy with radiculitis, right greater than left, and lumbar discopathy/facet arthropathy with radiculitis. The request was made for a course of physiotherapy and chiropractic care at 1 times 6 for the lumbar and cervical spines.

IMR ISSUES, DECISIONS AND RATIONALES

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

A course of physiotherapy chiropractic care (1x6) for the lumbar and cervical spine:

Upheld

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 Page(s): 58-59.

Decision rationale: CA MTUS states that manual therapy and manipulation is recommended for chronic pain if caused by musculoskeletal conditions. Manual Therapy is widely used in the treatment of musculoskeletal pain. For the low back, therapy is recommended initially in a therapeutic trial of 6 sessions; and with objective functional improvement, a total of up to 18 visits over 6 to 8 weeks may be appropriate. Treatment beyond 4 to 6 visits should be documented with objective improvement in function. The clinical documentation submitted for review indicated that the patient was attending a course of physiotherapy chiropractic care with some improvement. However, there was a lack of documentation of objective functional improvement. Additionally, there was a lack of documentation indicating the quantity of sessions that the patient had attended or was attending. Given the above, the request for a course of physiotherapy chiropractic care 1 times 6 for the lumbar and cervical spines is not medically necessary.