

Case Number:	CM13-0050945		
Date Assigned:	12/27/2013	Date of Injury:	07/31/2007
Decision Date:	05/08/2014	UR Denial Date:	11/07/2013
Priority:	Standard	Application Received:	11/13/2013

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 Occupational 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of July 31, 2007. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; multiple lumbar spine surgeries, including a fusion surgery with subsequent hardware removal; unspecified amounts of physical therapy over the life of claim; unspecified amounts of chiropractic manipulative therapy over the life of the claim; and extensive periods of time off of work. In a Utilization Review Report of November 7, 2013, the claims administrator partially certified a request for 12 sessions of physical therapy as two sessions of physical therapy and denied 12 sessions of chiropractic manipulative therapy outright. The claims administrator, it is incidentally noted, did cite non-MTUS-ODG Guidelines in the physical therapy partial certification. In a December 18, 2013 progress note, the applicant is described as reporting persistent chronic low back pain radiating to legs. The applicant is having issues with poor sleep. She is tearful, angry, and immobile. Her pain levels are 10/10. She is Celebrex, Norco, Neurontin, and Soma. She was again placed off of work, on total temporary disability and asked to pursue additional physical therapy and manipulative therapy along with a spine surgery second opinion. Medial branch block procedures were also sought.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY TWICE A WEEK FOR SIX WEEKS FOR THE LUMBAR SPINE: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99 & 8.

Decision rationale: The Expert Reviewer's decision rationale: The 12-session course of treatment, in and of itself, would represent treatment in excess of the 9- to 10-session course recommended on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines for myalgias and myositis of various body parts, the issue present here. It is further noted that page 8 of the MTUS Chronic Pain Medical Treatment Guidelines suggested there be some interval demonstration of functional improvement at various milestones in the treatment program so as to justify continued treatment. In this case, however, there has been no such demonstration of functional improvement to date. The applicant is off of work, on total temporary disability. The applicant remains highly reliant on four different medications, including Norco, Lyrica, Celebrex, Neurontin, etc. The applicant is apparently contemplating further spine surgery. All of the above, taken together, imply that the earlier physical therapy has been unsuccessful in terms of the parameters established in MTUS 9792.20f. Therefore, the request for additional physical therapy is not certified, on Independent Medical Review.

CHIROPRACTIC THERAPY TWICE A WEEK FOR SIX WEEKS FOR THE LUMBAR SPINE: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines manual therapy and manipulation topic..

Decision rationale: The Expert Reviewer's decision rationale: As noted on page 58 of the MTUS Chronic Pain Medical Treatment Guidelines, one to two sessions of chiropractic manipulative therapy are recommended in the event of acute flares of chronic pain, in applicants who demonstrate treatment success by achieving and/or maintaining successful return to work. In this case, however, the applicant is off of work, on total temporary disability. There has been no evidence of improvement with earlier treatment. Therefore, the request for additional physical therapy treatment is not certified, on Independent Medical Review.