

Case Number:	CM13-0055064		
Date Assigned:	12/30/2013	Date of Injury:	03/25/2010
Decision Date:	03/11/2014	UR Denial Date:	11/14/2013
Priority:	Standard	Application Received:	11/18/2013

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 Pain management, has a subspecialty in interventional spine 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 32-year-old male with date of injury 03/25/2010. The progress report dated 11/05/2013 by [REDACTED] indicates that the patient's diagnoses include: 1.) Lumbar L2 vertebral body fracture, 2.) Lumbar disk protrusion and acquired lumbar stenosis, 3.) Lumbar radicular symptoms, 4.) Thoracic strain, 5.) Cervical pain/cervical strain. The patient continues with persistent neck pain and stiffness. The patient reported that lumbar and cervical pain has eased since his last visit. It was noted that the patient was in the process of completing physical therapy with clear benefit. The patient had undergone surgical mass exploration and removal on 06/18/2013. The operative report dated 06/18/2013 by [REDACTED] indicated that patient had a 3 cm mass removed from the left upper trapezius muscle. The patient's physical exam findings on 11/05/2013 indicated 50% of expected range of motion in the lumbar spine with guarding with extension, flexion, and rotations. Range of motion of the cervical spine was also 50% of expected with guarding. A request was made for 6 additional physical therapy visits and 8 additional chiropractic therapy visits, which was denied by utilization review dated 11/14/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

physical therapy to cervical, thoracic and lumbar spine, six visits: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: The patient continues with neck pain and low back pain. At the time of request, the patient was roughly 5 months status-post surgery for a surgical mass exploration in the left upper trapezius muscle. The utilization review letter indicated that the patient had been previously authorized for 12 physical therapy sessions in 2013 plus 16 postoperative sessions following the neck mass exploration surgery. The postsurgical treatment guidelines state that for all surgeries not covered by these guidelines, the postsurgical physical medicine period is 6 months. This would appear to indicate the physical therapy request is within the postsurgical treatment guideline. Postsurgical guidelines also states that patient shall be re-evaluated following continuation of therapy when necessary or no later than 45 days from the last evaluation to document functional improvement to continue physical medicine treatment. Frequency of visits shall be gradually reduced or discontinued as the patient gains independence in management of symptoms and with achievement of functional goals. The records appear to indicate that the patient has recently undergone 6 additional sessions of physical therapy according to the 10/07/2013 progress report. The physical exam findings from 10/07/2013 compared to the exam findings on 11/05/2013 appear to be unchanged. The treating physician did not provide adequate documentation to indicate that the patient would be expected to continue significant functional improvement with added sessions of physical therapy. The patient appears to have completed 16 sessions of postoperative physical therapy and should have been instructed on a home exercise program at this point. Therefore, recommendation is for denial.

Chiropractic therapy to thoracic and lumbar spine, eight visits: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chiropractic manipulation.

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

Decision rationale: The Physician Reviewer's decision rationale: The patient continues with neck and low back pain. The utilization review letter dated 11/14/2013 indicates that the patient has been previously authorized for 28 chiropractic sessions. Sixteen of those have been following the recent neck mass exploration surgery. MTUS Guidelines page 58 regarding manual therapy and manipulation states that following recurrences or flareups, 1 to 2 visits of chiropractic treatment is supported every 4 to 6 months with documentation of treatment success if return to work is achieved. Under therapeutic care, MTUS states that up to 18 sessions of chiropractic treatment is supported if there is evidence of objective functional improvement. The treating physician does not provide documentation to indicate that the patient would benefit significantly with additional chiropractic treatment. The patient's physical exam findings compared from 10/07/2013 and 11/05/2013 appear to be unchanged. The patient has had more than 18 sessions allowed per MTUS. The patient also had indicated that the cervical and lumbar pain had eased up since his last visit. Therefore, recommendation is for denial.

