

Case Number:	CM13-0064875		
Date Assigned:	01/03/2014	Date of Injury:	01/05/2013
Decision Date:	08/12/2014	UR Denial Date:	11/15/2013
Priority:	Standard	Application Received:	12/12/2013

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 and is licensed to practice in Nevada. 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 injured worker is a 50 year-old individual who was reportedly injured on 1/5/2013. The mechanism of injury is noted as a lifting injury. The most recent progress note dated 2/6/2014 indicates that there are ongoing complaints of low back pain. The physical examination demonstrated gait is within normal limits, able to heel/toe walk. Posture within normal limits, no tenderness to palpation. Lumbar spine range of motion 50%. Treating physician note is handwritten and only partially illegible. No recent diagnostic studies are available for review. Previous treatment includes physical therapy, medications and modified duty. A request had been made for physical therapy 3 times a week for 6 weeks, chiropractic care 3 times a week for 6 weeks and magnetic resonance image of the lumbar spine and was not certified in the pre-authorization process on 11/15/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy (3 X/Week For 6 Weeks): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Physical Therapy Guidelines.

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

Decision rationale: The California Medical Treatment Utilization Schedule supports the use of physical therapy for the management of chronic pain specifically myalgia and radiculitis; and recommends a maximum of 10 visits. The claimant has multiple chronic complaints and review of the available medical records, fails to demonstrate an improvement in pain or function. The request is for 18 sessions which exceeds the recommended maximum amount of visits. Therefore, this request is not considered medically necessary.

Chiropractic (3 X/Week For 6 Weeks): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58-59.

Decision rationale: California Medical Treatment Utilization Schedule guidelines support the use of manual therapy and manipulation (chiropractic care) for low back pain as an option. A trial of 6 visits over 2 weeks with the evidence of objective functional improvement and a total of up to #18 visits over 16 weeks is supported. After review of the available medical records, there is no clinical documentation or baseline level of function to show future subjective or objective improvements with the requested treatment. In addition, #18 visits request exceeds the maximum visits are allowed by treatment guidelines. As such, this request is not considered medically necessary.

MRI Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

Decision rationale: The American College of Occupational and Environmental Medicine (ACOEM) supports the use of magnetic resonance image for the lumbar spine when there are unequivocal objective findings that identify specific nerve root compromise on exam and the claimant would be willing to consider operative intervention. Based on the clinical documentation provided, there was no objective clinical findings of radiculopathy. Also the clinician does not document that the claimant is willing to consider operative intervention. As such, secondary to a lack of clinical documentation the request fails to meet the ACOEM criteria and is deemed not medically necessary.