

Case Number:	CM13-0071121		
Date Assigned:	01/08/2014	Date of Injury:	01/26/2011
Decision Date:	06/05/2014	UR Denial Date:	12/03/2013
Priority:	Standard	Application Received:	12/26/2013

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 Internal Medicine and Emergency Medicine and is licensed to practice in Florida. 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:

This patient is a 52 year-old with a date of injury of 01/26/11. A progress report associated with the request for services, dated 10/30/13, identified subjective complaints of low back pain post lumbar fusion. Objective findings included tenderness of the lumbar spine and decreased sensation in the L5 and S1 dermatomes. The diagnoses included lumbosacral radiculopathy. The treatment has included a lumbar fusion in September of 2013. 18 sessions of physical therapy (PT) were approved on 11/01/13. A progress note on 12/03/13 stated that the claimant had received 4 PT sessions and wanted to change the location of the therapy. He participates in home exercises. A Utilization Review determination was rendered on 12/03/13 recommending non-certification of "chiropractic/pt three (3) times four (4) to the lumbar spine and physical therapy fourteen (14) sessions to the lumbar back".

IMR ISSUES, DECISIONS AND RATIONALES

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

CHIROPRACTIC/PT THREE (3) TIMES FOUR (4) TO THE LUMBAR SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy And Manipulation..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy And Manipulation, Page(s): 58-60. Decision based on Non-MTUS Citation Livestrong Website.

Decision rationale: The current request is for chiropractic treatment 3x4. The California MTUS Chronic Pain Guidelines, state that manipulative therapy has good evidence for chronic low back pain. However, it is silent regarding manipulative therapy post lumbar fusion. Currently, there is limited evidence on its efficacy post fusion in the literature, being mostly antidotal or retrospective. There are no good randomized trials to evaluate effectiveness. Likewise, there is controversy about the safety of this modality post fusion, particularly soon after. Therefore, the medical record does not document the medical necessity for the chiropractic therapy.

PHYSICAL THERAPY FOURTEEN (14) SESSIONS TO THE LUMBAR BACK:

Overturned

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 11, 25.

Decision rationale: The current request is for additional physical therapy. The California MTUS Postsurgical Guidelines for fusion of the vertebral column allow 34 visits over 16 weeks, with a postsurgical physical medicine treatment period of 6 months. They further state that if it is determined that additional functional improvement can be accomplished after completion of the general course of therapy; physical medicine treatment may be continued up to the end of the postsurgical physical medicine period. The non-certification was based upon lack of documentation of physical therapy received and that 14 sessions were being requested in addition to the original 18 sessions. In this case, 18 sessions were originally certified. 4 sessions were received, and it appears the additional sessions are being requested at a different facility. As part of the original certification, the remaining 14 sessions are medically necessary.