

Case Number:	CM13-0071865		
Date Assigned:	01/08/2014	Date of Injury:	09/17/2012
Decision Date:	07/23/2014	UR Denial Date:	12/20/2013
Priority:	Standard	Application Received:	12/30/2013

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 Family Practice, 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:

43 yr. old male claimant sustained a work injury on 9/17/12 involving the back. He had a diagnosis of lumbar and thoracic strain. An MRI in January 2013 showed mild disk protrusion of the L3-L4 region. In 2012 he was treated with analgesics and underwent 9 treatments of physical therapy. In 2013 he had completed 16 sessions of chiropractic /physiotherapy. In February 2013 he underwent a functional capacity evaluation. In November 2013, the claimant was noted to have continued pain and reduced range of motion of the low back and had a radicular findings. The treating In December 2013, the treating physician requested an additional 6 sessions of physiotherapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 SESSIONS FOR PHYSIOTHERAPY FOR THE LUMBAR SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical and Manual Therapy Page(s): 58.

Decision rationale: According to the MTUS guidelines: Manual therapy & manipulation Recommended for chronic pain if caused by musculoskeletal conditions. Manual

Therapy is widely used in the treatment of musculoskeletal pain. The intended goal or effect of Manual Medicine is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. Manipulation is manual therapy that moves a joint beyond the physiologic range-of-motion but not beyond the anatomic range-of-motion. Low back: Recommended as an option. Therapeutic care - Trial of 6 visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks. Elective/maintenance care - Not medically necessary. Recurrences/flare-ups - Need to re-evaluate treatment success, if RTW achieved then 1-2 visits every 4-6 months. In this case, there have been an extensive amount of therapy sessions. Recurrence and flare-ups can be evaluated for 1-2 visits. The request for 6 visits is not medically necessary.