

Case Number:	CM14-0001929		
Date Assigned:	01/24/2014	Date of Injury:	08/24/2012
Decision Date:	06/02/2014	UR Denial Date:	12/24/2013
Priority:	Standard	Application Received:	01/07/2014

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, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 patient is a 54 year old male who has a work injury dated 8/24/12. The diagnoses include lumbar disc displacement with myelopathy, cervical disc herniation without myelopathy, anxiety, s/p inguinal hernia repair. The patient has had treatment with pain medications, work modifications, physical therapy and chiropractic care. There is a request for physical therapy 6 visits lumbar spine and chiropractic therapy 6 visits lumbar spine. A 12/27/13 Magnetic resonance imaging (MRI) report of the lumbar spine reveals "L5-S1 level: combined degenerative disc and facet changes result in mild central canal and bilateral foraminal stenosis. L4-5 level: combined degenerative disc and facet changes result in moderate central canal and bilateral foraminal stenosis. L3-4 level: combined degenerative disc and facet changes result in mild to moderate bilateral neural foraminal stenosis and moderate central canal stenosis." Per documentation there is a physician progress report dated 01/27/14, which states that the patient complains of moderate constant lumbar spine pain which is aggravated with activity. He reports aching pain and numbness down both legs extending to the toes. There is a 12/17/13 primary treating physician report which states that the patient complained of constant moderate pain in the cervical and lumbar area. The patient reported aching pain and numbness down both legs extending to his toes. The physical examination reveals +3 spasm and tenderness to the bilateral paraspinal muscles from C2 to C7, bilateral suboccipital muscles and bilateral upper shoulder muscles. Axial compression test was positive bilaterally for neurological compromise. Distraction test was positive bilaterally. Shoulder depression test was positive bilaterally. The left triceps reflex was decreased. The right triceps reflex was decreased. There was +3 spasm and tenderness to the bilateral lumbar paraspinal muscles from L3 to S 1 and multifidus. Kemp's test

was positive bilaterally. The straight leg raise test was positive bilaterally. Yeoman's was positive bilaterally. Braggard's was negative. The right Achilles reflex was decreased.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY, 6 VISITS-LUMBAR SPINE: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The request for physical therapy 6 visits for the lumbar spine is not medically necessary. Per documentation submitted the patient has had 18 visits of physical therapy and 18 chiropractic visits between 2012 and 2013. The documentation from 12/9/13 reveals that he completed 5 session of physical medicine as well as 9 additional chiropractic sessions were completed. The request for an additional 6 visits of physical therapy for the lumbar spine is not medically necessary as this would exceed guideline recommendations. The documentation does not reveal extenuating circumstances that would require additional therapy and the patient should be well versed in a home exercise program. Therefore, the request for physical therapy 6 visit lumbar spine is not medically necessary.

CHIRO, 6 VISITS- LUMBAR SPINE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Low Back.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy Page(s): 5 and 59.

Decision rationale: Chiro 6 visits lumbar spine is not medically necessary per the MTUS guidelines. Per documentation submitted the patient has had 18 chiropractic visits between 2012 and 2013. The documentation from 12/9/13 reveals that he completed 5 session of physical medicine as well as 9 additional chiropractic sessions were completed. The request for an additional 6 visits of chiro for the lumbar spine is not medically necessary as this would exceed guideline recommendations. The documentation does not reveal extenuating circumstances that would require additional therapy .Therefore, the request for chiro 6 visit lumbar spine is not medically necessary.