

<b>Case Number:</b>	CM14-0110277		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	03/07/2014
<b>Decision Date:</b>	09/03/2014	<b>UR Denial Date:</b>	07/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/15/2014

### 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 & Rehabilitation and is licensed to practice in Illinois 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 42-year-old female who reported injury on 03/07/2014, reportedly, the injured worker was given a heavy metal box from above his shoulders. The injured worker carried it from above the shoulder to ground after which he felt immediate pain. The injured worker reported developing left lower extremity symptoms. The injured worker's treatment history included physical therapy, medications, EMG/NCV, surgery, and MRI. Within the documentation submitted, the provider noted the injured worker had 6 visits of physical therapy with benefit. The injured worker reported a greater than 50% reduction in subjective pain complaints, centralization increase in left lower extremity symptoms, increased lumbar spine and range of motion, increased functional capacity, decreased limitations of injured worker's routines and activities of daily living, increased muscle strength and endurance in his left lower extremity. The injured worker was evaluated on 07/17/2014, and it was documented that the injured worker complained of low back pain which was rated at 1/10. He had some mild left and medial calf and thigh symptoms. The lumbar spine was flexion 80 degrees, extension 20 degrees, right/left lateral flexion was 25 degrees, right/left rotation was 30 degrees. Tripod's test, left sided, straight leg raise, left sided and Kemp's test, left sided, elicited mild to moderate lumbar spine pain, localized. Medications included Tylenol with codeine, omeprazole and diclofenac. The Request for Authorization or rationale were not submitted for this review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Trial of Spinal Manipulation:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 114.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation, page(s) 58 Page(s): 58.

**Decision rationale:** The California MTUS Guidelines may support up 18 visits of chiropractic sessions Manual Therapy & Manipulation is 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. The documents submitted lacked outcome measurements of prior physical therapy sessions, and home exercise regimen. In addition, the requested failed to indicate number of visits. Given the above, the request for Trial Of Spinal Manipulation is not medically necessary.

**Physical Therapy:** 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.

**Decision rationale:** The California MTUS Guidelines may support up 10 visits of physical therapy for the treatment of unspecified myalgia and myositis to promote functional improvement. The documents indicated the injured worker had 6 visits of physical therapy with greater than 50 % reduction in subjective pain complaints. However, the provider failed to indicate outcome measurements of home exercise regimen. In addition, long-term functional goals were not provided for the injured worker. The request failed to indicate where physical therapy is required for injured worker and duration. Given the above, the request for Physical Therapy is not medically necessary.