

Case Number:	CM14-0111357		
Date Assigned:	08/01/2014	Date of Injury:	08/22/2012
Decision Date:	09/22/2014	UR Denial Date:	06/26/2014
Priority:	Standard	Application Received:	07/16/2014

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 Anesthesiology, has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 45-year-old male with an 8/22/12 date of injury, and open right biceps repair on 10/27/11. At the time (6/16/14) of request for authorization for Physical Therapy, 12 visits for the neck and low back and Chiropractic, 12 visits for the neck and low back, there is documentation of subjective (back pain) and objective (tenderness over the cervical and lumbar paraspinals associated with decreased range of motion) findings, current diagnoses (cervical spine herniated nucleus pulposus, cervical disc degenerative disease, cervical stenosis, lumbar spine herniated nucleus pulposus, and facet syndrome), and treatment to date (medications, previous physical therapy treatments, and previous chiropractic therapy treatments). Medical report identifies that physical and chiropractic therapy provided 50% improvement in sitting tolerance. Regarding Physical therapy, the number of previous physical therapy sessions cannot be determined. Regarding chiropractic therapy, the number of previous chiropractic therapy sessions cannot be determined.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy, 12 visits for the neck and low back: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine Page(s): 98. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back AND Neck and Upper Back, Physical therapy (PT).

Decision rationale: The Expert Reviewer based his/her decision on the MTUS Chronic Pain Medical Treatment Guidelines, physical medicine, page 98 and on the Non-MTUS Official Disability Guidelines (ODG) Low Back AND Neck and Upper Back, Physical therapy (PT) and Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations. The Expert Reviewer's decision rationale: MTUS Chronic Pain Medical Treatment Guidelines support a brief course of physical medicine for patients with chronic pain not to exceed 10 visits over 4-8 weeks with allowance for fading of treatment frequency, with transition to an active self-directed program of independent home physical medicine/therapeutic exercise. MTUS identifies that "any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services." ODG recommends "a limited course of physical therapy for patients with diagnoses of lumbosacral neuritis/radiculitis and Degeneration of cervical intervertebral disc not to exceed 12 visits over 8 weeks." ODG also notes "patients should be formally assessed after a "six-visit clinical trial" to see if the patient is moving in a positive direction, no direction, or a negative direction (prior to continuing with the physical therapy) and when treatment requests exceeds guideline recommendations, the physician must provide a statement of exceptional factors to justify going outside of guideline parameters." Within the medical information available for review, there is documentation of diagnoses of cervical spine herniated nucleus pulposus, cervical disc degenerative disease, cervical stenosis, lumbar spine herniated nucleus pulposus, and facet syndrome. In addition, there is documentation of previous physical therapy treatments. Furthermore, given documentation of subjective (back pain) and objective (tenderness over the cervical and lumbar paraspinals associated with decreased range of motion) findings, there is documentation of functional deficits and functional goals. Lastly, given documentation that physical therapy provided 50% improvement in sitting tolerance, there is documentation of functional benefit and improvement as an increase in activity tolerance as a result of physical therapy provided to date. However, there is no documentation of the number of previous physical therapy sessions and, if the number of treatments have exceeded guidelines, remaining functional deficits that would be considered exceptional factors to justify exceeding guidelines. Therefore, based on guidelines and a review of the evidence, the request for Physical Therapy, 12 visits for the neck and low back is not medically necessary.

Chiropractic, 12 visits for the neck and low back: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-299, Chronic Pain Treatment Guidelines Manual Therapy & manipulation Page(s): 58.

Decision rationale: The Expert Reviewer based his/her decision on the MTUS ACOEM Practice Guidelines, Chapter 12 Low Back Complaints, page 298-299 and on the MTUS Chronic Pain Medical Treatment Guidelines, Manual Therapy & manipulation, page 58. The Expert Reviewer's decision rationale: MTUS reference to ACOEM identifies documentation of "objective improvement with previous treatment, functional deficits, functional goals, and a statement identifying why an independent home exercise program would be insufficient to address any remaining functional deficits, as criteria necessary to support the medical necessity of additional chiropractic treatment." MTUS also identifies that "any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services." In addition, MTUS Chronic Pain Medical Treatment Guidelines supports "a total of up to 18 visits over 6-8 weeks. Within the medical information available for review, there is documentation of diagnoses of cervical spine herniated nucleus pulposus, cervical disc degenerative disease, cervical stenosis, lumbar spine herniated nucleus pulposus, and facet syndrome." In addition, there is documentation of previous chiropractic therapy treatments, functional deficits, and functional goals. Furthermore, given documentation that chiropractic therapy provided 50% improvement in sitting tolerance, there is documentation of objective improvement with previous treatment. However, there is no documentation of the number of previous chiropractic therapy sessions and, if the number of treatments have exceeded guidelines, remaining functional deficits that would be considered exceptional factors to justify exceeding guidelines. Therefore, based on guidelines and a review of the evidence, the request for Chiropractic, 12 visits for the neck and low back is not medically necessary.