

<b>Case Number:</b>	CM14-0132944		
<b>Date Assigned:</b>	09/19/2014	<b>Date of Injury:</b>	09/05/2000
<b>Decision Date:</b>	10/22/2014	<b>UR Denial Date:</b>	08/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/19/2014

### 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 Internal Medicine 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:

The injured worker is a 68-year-old male with a reported injury on 09/05/2000. The mechanism of injury was not listed in the records. The injured worker's diagnosis included lumbago. The injured worker's past treatments were not listed in the records. There were no diagnostic imaging studies provided for review. There was no surgical history noted in the records. The subjective complaints on 07/21/2014 included low back pain rated 5/10 and right knee pain rated 0/10. The physical examination to the lumbar spine noted range of motion has as flexion 55 degrees, extension is 15 degrees, lateral right is 20 degrees, and lateral left is 25 degrees. The lower extremity muscle testing was also performed and in all muscle groups the rating was 5/5. The injured worker's medications were not documented in the records. The treatment plan was to order physical therapy for the lumbar spine and chiropractic manipulative therapy for the lumbar spine. A request was received for physical therapy for the lumbar spine 2 times per month for 3 months and chiropractic manipulative therapy for the lumbar spine 2 times per month for 3 months. Insert rationale for the request was to increase range of motion and decrease pain. Insert request for authorization form was not submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy for the lumbar spine, 2 times per month for 3 months:** 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 for the lumbar spine, 2 times per month for 3 months is not medically necessary. The California MTUS Guidelines state that up to 10 visits of physical therapy may be supported for unspecified myalgia and continued visits should be contingent upon documentation of objective improvement. The injured worker has chronic low back pain. In the notes, there was a lack of significant documentation of decreased range of motion or decreased motor strength. In the absence of functional deficits, the request is not supported by the evidence based guidelines. As such, the request is not medically necessary.

**Chiropractic manipulative treatment for the lumbar spine, 2 times per month for 3 months:** 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 Manual therapy & manipulation Page(s): 58-59.

**Decision rationale:** The request for chiropractic manipulative treatment for lumbar spine 2 times per month for 3 months is not medically necessary. The California MTUS Guidelines state that manual therapy and manipulation is recommended for chronic pain if caused by musculoskeletal conditions. The intended goal or effect of manual medicine is the achievement of positive symptomatic or objective measurable gains and functional improvement that facilitate progress in the patient's therapeutic exercise program and return to productive activities. Manual therapy and manipulation for the low back is recommended as an option with a trial of 6 visits over 2 weeks with evidence of objective functional improvement, a total of up to 18 visits over 6 to 8 weeks may be supported. The patient has chronic low back pain. There is a lack of significant functional deficits (i.e., decreased range of motion in the lumbar spine and decreased muscle strength). In the absence of functional deficits, the request is not supported by the evidence based guidelines. Additionally, there is a lack of documentation that the injured worker is enrolled in a home exercise program. In the absence of functional deficits and documentation that the patient is enrolled in a home exercise program, the request is not supported by the evidence based guidelines. As such, the request is not medically necessary.