

Case Number:	CM14-0145013		
Date Assigned:	09/12/2014	Date of Injury:	05/19/2014
Decision Date:	11/03/2014	UR Denial Date:	08/27/2014
Priority:	Standard	Application Received:	09/08/2014

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 32-year-old male who reported an injury on 05/19/2014. The mechanism of injury was not submitted for clinical review. The diagnoses included lumbar sprain/strain and rule out disc disease. The previous treatments included physical therapy and medication. Within the clinical note dated 08/01/2014, it was reported the injured worker complained of low back pain, occasionally radiating. Upon physical examination, the provider noted the injured worker had decreased range of motion of the lumbar spine with associated palpatory spasms and tenderness. The injured worker had a positive straight leg raise, Kemp's test, and Goldthwaite's. The provider requested chiropractic with physical therapy. However, a rationale was not submitted for clinical review. The Request for Authorization was dated and submitted on 08/17/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic with Physical Therapy 3 x week x 3 weeks for the lower back: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58-60, 99. Decision based on Non-MTUS Citation ODG Low Back, Physical Therapy

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

Decision rationale: The California MTUS Guidelines recommend manual therapy for chronic pain if caused by musculoskeletal conditions. The intended goal or effect of manual therapy 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. The guidelines recommend a trial of 6 visits over 2 weeks, and with evidence of objective functional improvement, a total of 18 visits over 6 to 8 weeks. The clinical documentation submitted failed to provide a complete and adequate physical examination to demonstrate decreased functional ability, decreased strength, or decreased flexibility. Therefore, the request is not medically necessary.