

Case Number:	CM14-0156730		
Date Assigned:	09/26/2014	Date of Injury:	09/20/2000
Decision Date:	11/12/2014	UR Denial Date:	09/04/2014
Priority:	Standard	Application Received:	09/24/2014

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 Family Practice and is licensed to practice in Texas and Mississippi. 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 51-year-old male who reported an injury on 09/20/2000 due to an unknown mechanism of injury. Diagnoses were discogenic low back pain, status post IDET x2, lumbar spondylosis, lumbar spine sprain/strain syndrome, L3-4 and L4-5 with moderate foraminal stenosis, thoracic spine sprain/strain syndrome, obesity, secondary to immobility and industrial injury, insomnia, and depression/anxiety. Physical examination on 08/11/2014 revealed that the injured worker had a lumbar epidural steroid injection on 07/08/2014. The injured worker had complaints of persistent pain and discomfort of the low back. The pain radiated down the lower spine to the buttocks and hips, and down the legs to the feet. Pain level was reported to be 5/10 to 7/10. MRI of the lumbar spine dated 10/07/2011 revealed no evidence of fracture of spondylolisthesis. No "narrow" infiltrative lesions were identified. There was mild disc desiccation at essentially all levels within the lumbar spine, and there were mild degenerative endplate changes with scattered Schmorl's nodes. The injured worker stated that his pain was becoming worse and had increased in severity. The injured worker reported that during the course of the performance of activities of daily living, there was a significant amount of pain and stiffness of the lumbar spine and lower extremities. It was reported that this happens a few times a month. Medication helped decrease pain level and spasms. Treatment plan was to continue medications as directed. The rationale and Request for Authorization were not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic therapy 2x/ 3 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and manipulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MANUAL THERAPY Page(s): 58-59.

Decision rationale: The decision for chiropractic therapy 2x/ 3 weeks is not medically necessary. The California MTUS states that manual therapy and manipulation are recommended for chronic pain if caused by musculoskeletal conditions. For the low back, therapy is recommended initially in a therapeutic trial of 6 sessions and with objective functional improvement, a total of up to 18 visits over 6 to 8 weeks may be appropriate. Treatment for flare ups requires a need for re-evaluation of prior treatment success. Treatment is not recommended for the ankle and foot, carpal tunnel syndrome, the forearm, wrist, and hand, or the knee. If chiropractic treatment is going to be effective, there should be some outward sign of subjective or objective improvement within the first 6 visits. Treatment beyond 4 to 6 visits should be documented with objective improvement in function. The maximum duration is 8 weeks, and at 8 weeks patient should be re-evaluated. Care beyond 8 weeks may be indicated for certain chronic pain patients in whom manipulation is helpful in improving function, decreasing pain, and improving quality of life. Previous chiropractic care sessions were not reported as giving the injured worker any type of functional improvement. It was not reported that the injured worker was participating in a stretching or home exercise program to improve functional mobility. The clinical information submitted for review does not provide evidence to justify chiropractic therapy 2x /3 weeks, therefore this request is not medically necessary.

Physical therapy 2x/ 3 weeks: Upheld

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

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

Decision rationale: The decision for physical therapy 2x/ 3 weeks is not medically necessary. The California MTUS states that physical medicine with passive therapy can provide short term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation and swelling, and to improve the rate of healing soft tissue injuries. Treatment is recommended with a maximum of 9 to 10 visits for myalgia and myositis, and 8 to 10 visits may be warranted for treatment of neuralgia, neuritis, and radiculitis. The injured worker is expected to have transitioned into a home exercise program. Reasons why a home exercise program could not be continued for further gains were not reported. Objective functional improvement from previous physical therapy sessions was not reported. Therefore, the request is not medically necessary.

