

Case Number:	CM14-0174578		
Date Assigned:	10/27/2014	Date of Injury:	02/14/2007
Decision Date:	12/03/2014	UR Denial Date:	09/22/2014
Priority:	Standard	Application Received:	10/21/2014

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 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:

This patient sustained an injury on 2/14/07 while employed by [REDACTED]. Request(s) under consideration include Chiropractic physiotherapy 2 times a week for 3 weeks for the cervical spine and lumbar spine. Diagnoses include lumbar radiculopathy/ moderate disc space narrowing; cervical disc disease; mild esophagitis/ persistent vomiting/ irritable bowel syndrome/ weight gain- obesity- ongoing abdominal complaints. Report of 8/15/14 from the provider noted the patient with chronic ongoing neck pain, stiffness with burning sensation; low back pain radiating down bilateral legs. The patient had tried chiropractic treatment with noted temporary relief. Conservative care has included medications, chiropractic treatment, acupuncture, injections, and modified activities/rest. Exam showed diffuse decreased range of motion involving the cervical, thoracic, and lumbar spine; diffuse 4+/5 muscle strength in the bilateral upper and lower extremity muscles (deltoids, biceps, internal and external rotators, wrist extensors/ flexors, triceps, bilateral quads, hamstrings, TA, EHL, and invertors; bilateral leg edema. Treatment included chiropractic physiotherapy. The patient remained P&S (permanent and stationary). The request(s) for Chiropractic physiotherapy 2 times a week for 3 weeks for the cervical spine and lumbar spine was non-certified on 9/22/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic physiotherapy 2 times a week for 3 weeks for the cervical spine and lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines, Manual Therapy & Manipulation Page(s).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chiropractic Care, Manual Therapy & Manipulation, Physical Therapy Page(s): 58-60, 98-99.

Decision rationale: MTUS Guidelines supports chiropractic manipulation/ physiotherapy for musculoskeletal injury. The intended goal is the achievement of positive musculoskeletal conditions via positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. From records review, it is unclear how many sessions have been completed. Per medicals reviewed, the patient has received a significant quantity of chiropractic physiotherapy sessions for the chronic symptom complaints without demonstrated functional improvement from treatment already rendered including milestones of increased ROM, strength, and functional capacity. There is no evidence documenting functional baseline with clear goals to be reached and the patient striving to reach those goals. The Chronic Pain Guidelines allow for visits of chiropractic / physiotherapy with fading of treatment to an independent self-directed home program. It appears the employee has received significant therapy sessions without demonstrated evidence of functional improvement to allow for additional therapy treatments. There is no report of acute flare-up, new injuries, or change in symptom or clinical findings to support for formal PT in a patient that has been instructed on a home exercise program for this chronic injury. Submitted reports have not adequately demonstrated the indication to support further chiropractic physiotherapy when prior treatment rendered has not resulted in any functional benefit. The Chiropractic physiotherapy 2 times a week for 3 weeks for the cervical spine and lumbar spine is not medically necessary.