

Case Number:	CM14-0022850		
Date Assigned:	06/11/2014	Date of Injury:	09/03/2013
Decision Date:	07/15/2014	UR Denial Date:	02/14/2014
Priority:	Standard	Application Received:	02/24/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Minnesota. 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 52 year-old male who reported an injury on CT 06/03/2013 through 09/16/2013 from an unknown mechanism. The injured worker had a history of back pain. Upon examination of the lumbar spine on 01/06/2014, the injured worker's lumbar flexion was 65-70 degrees, extension was 20 degrees, with more pain upon extension. Lateral bending was 20 degrees each, with pain at end ranges. There was tenderness to palpation in the midline from L4-S1 and over the right paralumbar muscles. The straight leg raise test was negative bilaterally but increased the back pain. The injured worker had diagnoses of chronic lumbosacral sprain/strain with myospasm, rule out disc disease and hypertension. The medications were Norco, Lisinopril 40 mg, atenolol 50 mg, hydrochlorothiazide 25 mg. The treatment plan is for physical therapy/chiropractic 2x4 weeks lumbar. The request for authorization form was not provided within the documentation 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/CHIROPRACTIC 2X4 WEEKS -LUMBAR: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chiropractics-Manual Therapy & Manipulation Page(s): 58-59.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine, Manual therapy Page(s): 98-99, 58.

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) guidelines state passive care 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. Persons are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Manual Therapy is widely used in the treatment of musculoskeletal pain. Manual therapy for the low back is recommended as an option with the following; therapeutic care - Trial of 6 visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks. The injured worker had received some chiropractic care and states improvement. There is a lack of documentation to the number of sessions received. Also, there is lack of documentation as to the injured worker following an at home exercise regimen. As such, the request is not medically necessary and appropriate.