

Case Number:	CM14-0026401		
Date Assigned:	06/16/2014	Date of Injury:	11/22/1988
Decision Date:	07/31/2014	UR Denial Date:	02/24/2014
Priority:	Standard	Application Received:	03/03/2014

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 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 an 81-year-old male who reported an injury on 11/22/1998 from an unknown mechanism of injury. The injured worker had a history of low back pain. On examination on 02/12/2014, the injured worker had increased low back pain. The injured worker was having difficulty with bending at the waist. There was tension on palpation at the L4-S1 level bilaterally. There was reduced range of motion with lumbar flexion and positive Minor's sign. The injured worker has a diagnosis of lumbosacral segment dysfunction, lumbosacral sprain/strain, chronic lumbar spine degenerative disc disease with facet arthropathy, chronic lumbar spine joint dyskinesia, lumbar spine left radiculopathy S1 dermatome, and chronic myofascial syndrome at lumbar spine region. The prior procedures included an MRI of the lumbar spine. The prior treatments included medications, unknown number of chiropractic care of the lumbar spine, and unknown number of physical therapy visits. The treatment request was for 4 chiropractic manipulation visits, lumbar exercise training, and physical therapy modalities. The request for authorization and rationale forms were not submitted within the documentation provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic Manipulation Visits: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58-59.

Decision rationale: The request for 4 chiropractic manipulation visits is not medically necessary. The injured worker has a history of lower back pain. The California MTUS guidelines state manual therapy and manipulation are recommended for chronic pain if caused by musculoskeletal conditions. The intended goal is the achievement of positive gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. There is lack of documentation as to the level of pain the injured worker is having. There is lack of documentation of an assessment for the range of motion. There is insignificant documentation for improvement of functional deficits for the injured worker. The guidelines indicate that the necessity of continued care is dependent upon objective evidence of improvement. The documentation supplied does not contain specific objective examination findings that support the necessity for above. The guidelines recommend an initial trial of 6 sessions and up to 18 sessions with evidence of objective improvement. The injured worker had received an unknown amount of sessions. There is lack of documentation to the effectiveness of the previous sessions. As such, the request for 4 chiropractic manipulation visits is not medically necessary.

Lumbar Exercise Training: Upheld

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

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

Decision rationale: The request for physical therapy modalities is not medically necessary. The injured worker has a history of low back pain. The California MTUS guidelines recommends PT up to 10 visits. There is lack of documentation as to the level of pain the injured worker is having. There is lack of documentation of an assessment for the range of motion. There is insignificant quantifiable documentation for improvement of functional deficits for the injured worker. The current clinical guidelines indicate that the necessity of continued care is dependent upon objective evidence of improvement. The records supplied do not contain patient specific objective examination findings that support the necessity for above. The injured worker has attended PT and a home exercise program would have been anticipated to have been provided during that time. As such, the request is not medically necessary.

Physical Therapy Modalities: Upheld

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

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

Decision rationale: The request for PT modalities is not medically necessary. The injured worker has a history of low back pain. The California MTUS guidelines recommends PT up to 10 visits. The injured worker had an unknown number of PT sessions without improvement. There is lack of documentation as to the level of pain the injured worker is having. There is lack of documentation of an assessment for the range of motion pre and post of the injured worker's pain. There is insignificant quantifiable documentation for improvement of functional deficits for the injured worker. The current clinical guidelines indicate that the necessity of continued care is dependent upon objective evidence of improvement. The records supplied do not contain patient specific objective examination findings that support the necessity for above. The request does not detail the modalities requesting for PT. As such, the request is not medically necessary.