

Case Number:	CM14-0029914		
Date Assigned:	06/20/2014	Date of Injury:	06/23/2005
Decision Date:	07/17/2014	UR Denial Date:	02/25/2014
Priority:	Standard	Application Received:	03/10/2014

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 licensed in Chiropractic Care 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:

According to the available medical records, this is a 53-year-old male patient with chronic low back pain, and a date of injury of 06/23/2005. Previous treatments include medications, physical therapy, chiropractic care, and injection. A progress report dated 02/03/2014 by the treating doctor, revealed on going low back pain. The patient has had a significant increased pain in his lower back, due to repetitive motion. An examination revealed tenderness and spasm in the lower lumbosacral spine extending up into the thoracic spine. There is significant spasm in these areas, with limited range of motion, about 70% of normal in all directions. The neurological exam is intact. The diagnoses include thoracolumbar sprain, low back pain, herniated disc, and degenerative disc disease.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY THREE (3) TIMES A WEEK FOR FOUR (4) WEEKS WITH A CHIROPRACTOR, IN TREATMENT OF THE LOW BACK QTY: 12.00: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Physical therapy.

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

Decision rationale: The Chronic Pain Guidelines indicate that manual therapy and manipulation is recommended for chronic pain, if caused by musculoskeletal conditions. The guidelines also indicate that Manual Therapy is widely used in the treatment of musculoskeletal pain. The intended goal or effect of Manual Medicine 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. For the low back, the guidelines indicate that it is recommended as an option. For therapeutic care, a trial of six (6) visits over two (2) weeks, with evidence of objective functional improvement, for a total of up to eighteen (18) visits over six to eight (6-8) weeks is recommended. For elective/maintenance care, it is not medically necessary. For recurrences/flares-ups, the treating provider needs to re-evaluate treatment success, if return to work is achieved, then one to two (1-2) visits every four to six (4-6) months is recommended. The request for twelve (12) visits of physical therapy with a chiropractor to include manipulation exceeds the guideline recommendations for flare-ups. Therefore, the request is not medically necessary.