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| Case Number: | CM14-0030417 | | |
| Date Assigned: | 04/09/2014 | Date of Injury: | 11/18/2011 |
| Decision Date: | 05/29/2014 | UR Denial Date: | 01/09/2014 |
| Priority: | Standard | Application Received: | 01/24/2014 |

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 & 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 patient submitted a claim for low back pain, with an industrial injury date of November 18, 2011. Treatment to date has included posterior spinal fusion (April 2013), acupuncture, medications, chiropractic care, physical therapy, lumbar supports and activity limitation. Utilization review from January 9, 2014 has denied the request for physical therapy/chiropractic manipulative therapy to the lumbar spine (number of sessions not identified) because there was no documentation of the previous chiropractic treatment and no clarified number of sessions requested. Medical records from 2013 were reviewed, the latest of which dated October 24, 2013 which revealed that the patient continues to have low back pain. He states that his symptoms are worse with prolonged sitting and sleeping. His leg radiculopathies are better. He has been walking but not performing home exercises. On physical examination of the lumbosacral spine, there are well healed surgical scars with minimal tenderness. Range of motion was not tested due to recent surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY / CHIROPRACTIC MANIPULATIVE THERAPY TO THE LUMBAR SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Page(s): 58.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation Page(s): 58-59, 98-99.

Decision rationale: According to pages 58-59 of the Chronic Pain Medical Treatment Guidelines, manual manipulation of the lower back may be continued with evidence of objective functional improvement with previous treatment, wherein a total of up to 18 visits is supported. As stated on pages 98-99 of the California MTUS Chronic Pain Medical Treatment Guidelines, physical medicine is recommended and that treatment regimens should be tapered and transitioned into a self-directed home program. In this case, there was insufficient documentation regarding the previous chiropractic treatment and physical therapy. The improvements in functional gains with previous chiropractic care and physical therapy are unclear. Also, the request does not state the number of sessions requested, making it impossible to determine whether the patient is qualified for or would benefit from additional chiropractic treatment. Therefore, the request for physical therapy/chiropractic manipulative therapy to the lumbar spine is not medically necessary and appropriate.