

Case Number:	CM14-0041688		
Date Assigned:	06/30/2014	Date of Injury:	07/20/2010
Decision Date:	08/19/2014	UR Denial Date:	03/25/2014
Priority:	Standard	Application Received:	04/07/2014

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, has a subspecialty in Pain Medicine 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 is a 46-year-old male with 07/20/10 date of continuing trauma injury, involving both shoulders and his back. AME report of 02/13/14 states there was an MRI on 04/12/11 showing mild narrowing at L4-5 with disk dehydration, 2-mm bulge at this level, facet arthrosis. Patient complains of low back pain which particularly increased while walking. He can only stand for 5 minutes. He has had 12 sessions of chiropractic care which helped him a little bit. Medications: Ibuprofen, lisinopril, amlodipine, simvastatin, and Flexeril. Objective findings include low back tenderness, lumbar spasm, forward flexion 35 degrees, extension 20 degrees, bends 20 degrees to either side. Supine straight leg raise test produces low back pain at 50 degrees bilaterally. The patient is obese. Report dated 12/12/13 states that the patient has had 5 epidural injections. Diagnosis: Prior MRI evidence of degenerative changes at L4-5, chronic low back pain. AME report recommends an MRI to evaluate the progression of the disk disease at L4-5. The request is for core conditioning 12 visits, lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Core Conditioning 12 visits, Lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 114, Chronic Pain Treatment Guidelines Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Exercise.

Decision rationale: The AME report from 02/13/2014 states that the patient suffers from mechanical back pain and not radicular or radiating type of pain, and assumes the probability that chiropractic care will be of no use for the patient. Core strengthening exercises are recommended by CA MTUS and ODG for chronic musculoskeletal pain. However, the previous determination indicated that the claimant completed 5 out of 8 PT visits 12/12-11/12, being discharged for non-compliance and thus recommended 6 additional sessions of PT to review HEP and added, that measurable objective improvement should be documented for additional sessions. That said, CA MTUS ACOEM Physical Medicine guidelines support 9-10 physical therapy visits over 8 weeks for unspecified myositis/myalgia, and 8-10 physical therapy visits over 4 weeks for unspecified neuralgia/radiculitis. The requested 12 sessions exceed the guideline recommendations. Regarding 12 sessions of physical therapy/core strengthening, the recommendation is to Non-Certify.