

Case Number:	CM14-0049331		
Date Assigned:	07/07/2014	Date of Injury:	07/22/2008
Decision Date:	08/22/2014	UR Denial Date:	03/18/2014
Priority:	Standard	Application Received:	04/17/2014

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, has a subspecialty in Interventional Spine 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 54-year-old male with date of injury of 07/22/2008. The listed diagnoses per [REDACTED] dated 03/12/2014, thoracic sprain, lumbosacral joint ligament sprain and sciatica. According to the report, the patient indicates that lidocaine patches help a little. The objective findings show range of motion is about 60% of normal. There was tenderness to palpation over the L5-S1. Straight leg raise is positive. Heel to toe walk is within limits. Strength is normal. No acute neurological changes noted. The utilization review denied the request on 03/18/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy or Chiropractic Treatment Quantity: 18: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99, 58-60.

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

Decision rationale: The MTUS Guidelines page 98-99 on physical medicine recommends 8 to 10 visits for myalgia, myositis and neuralgia-type symptoms. The MTUS Guidelines pages 58-

59 on manual therapy and manipulation recommends chiropractic treatment for chronic pain if caused by musculoskeletal conditions. Manual therapy is widely used in treatment of musculoskeletal pain. An initial trial of 6 visits over 2 weeks is recommended and with evidence of functional improvement up to 18 visits. The physical therapy report dated 01/17/2014 notes visit 5/5 showing that the patient is doing better with range of motion and activity tolerance. The therapist notes mild arm pain. He further states that the patient has good tolerance with increased exercise agility. The records did not show any recent chiropractic treatment reports to verify the number of treatments received. In this case, the patient has recently received 5 physical therapy treatments. However, the records do not show that the patient has trialed chiropractic treatments. While the patient can benefit from an initial trial of chiropractic treatment, the requested 18 exceeds MTUS recommended 6 initial visits. Furthermore, the requested additional 18 visits when combined with the previous 5 would exceed MTUS Guidelines therefore, Physical Therapy or Chiropractic Treatment #18 is not medically necessary.