

Case Number:	CM14-0058709		
Date Assigned:	07/11/2014	Date of Injury:	12/07/2012
Decision Date:	09/17/2014	UR Denial Date:	04/01/2014
Priority:	Standard	Application Received:	04/29/2014

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 Texas and Ohio. 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 a 50-year-old male who reported an injury on 12/07/2012. The mechanism of injury was not provided within the review. His diagnosis was noted to be lumbar disc displacement with radiculopathy and cervical spine sprain/strain. Prior treatments were noted to be acupuncture, physiotherapy, medications, and home exercise. Diagnostics were noted to be nerve conduction velocity and electromyography studies. The injured worker had a clinical examination with subjective complaints of low back pain. He also indicated neck pain and described it as aching, rated at 2/10 to 3/10 on a Visual Analog Scale. The objective findings were noted to be tenderness and myospasm palpable over bilateral paracervical muscles and bilateral trapezius muscles. Tenderness in myospasm palpable over bilateral paralumbar muscles. Tenderness was also palpable in the left sciatic notch area. The treatment plan was for trigger point injections and Toradol. He was noted to have the following medications prescribed: Terocin, Genicin, Somnicin, and Laxacin. The rationale for the request was not provided. A Request for Authorization form was also not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physiotherapy with Chiropractic 1x week x 6 weeks for Neck and Low Back: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines Page(s): 58-59, 99. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58-60.

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines recommend manual therapy and manipulation for chronic pain if caused by musculoskeletal conditions. 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 facilitates progression in the patient's therapeutic exercise program and return to productive activities. Manipulation is manual therapy that moves a joint beyond the physiologic range of motion, but not beyond the anatomic range of motion. For low back pain, the guidelines recommend manual therapy and manipulation for therapeutic care. A trial of 6 visits over 2 weeks, with evidence of objective functional improvement, a total of up to 18 visits over 6 to 8 weeks. According to the clinical evaluation, it is noted that the injured worker has had prior therapy and efficacy was not noted, nor were the number of visits documented. If this episode of pain is a flare up, the guidelines suggest need to re-evaluate treatment success, and if return to work is achieved, then chiropractic therapy may be recommended, 1 to 2 visits every 4 to 6 months. The guidelines do not indicate manual therapy and manipulation for the neck. Due to lack of documentation to support chiropractic care or reoccurrence/flare ups and lack of documentation provided to indicate the number of therapy visits already used; the request for Physiotherapy with chiropractic once a week times six weeks for neck and low back is not medically necessary and appropriate.