

Case Number:	CM14-0070839		
Date Assigned:	07/14/2014	Date of Injury:	01/02/2012
Decision Date:	08/25/2014	UR Denial Date:	04/21/2014
Priority:	Standard	Application Received:	05/16/2014

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 Oklahoma. 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 65 year old female who reported an injury on 01/02/2012 of an unspecified cause of injury. The injured worker had a history of left upper extremity weakness with tingling and discomfort to the lumbar spine region. The diagnoses included disc degeneration of the lumbar spine and facet arthropathy. The diagnostics were not available for review. Per the clinical notes dated 01/27/2014, the physical examination revealed a well-developed, well-nourished female in no distress. The spinal examination revealed pain with extension and rotation, no focal defects, 1+ pulses, good range of motion to the hips, knees, and ankles. The examination of the lumbar spine revealed improvement with range of motion, improved cadence and stride length. The injured worker reported feeling better with physical therapy. No meds provided and no VAS provided. Past treatment plan included 8 physical therapy visits to the lumbar spine and 12 chiropractic therapy visits to the lumbar spine. The authorization dated 07/14/2014 was submitted with documentation. A rationale for additional physical therapy or the chiropractic therapy was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy x8 visits for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 288, Chronic Pain Treatment Guidelines Physical Medicine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: The California MTUS guidelines recommend active therapy based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion and can alleviate discomfort. Active therapy requires the internal effort of the individual to complete a specific exercise or task. This form of therapy may require supervision from a therapist or medical provider. The injured worker is instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. The guidelines indicate 8 to 10 visits over 8 weeks. Per the clinical note provided, the injured worker had 8 sessions of physical therapy and showed improvement. The injured worker completed 8 sessions along with an additional 8 sessions requested, for a total of 16 sessions; exceeding the recommended guidelines. The documentation was not evident that the injured worker had any special circumstances that warrant additional physical therapy. The injured worker was to return to work and continue with a home exercise program. The request for physical therapy x8 visits for the lumbar spine is not medically necessary.

Twelve chiropractic treatments for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and manipulation Page(s): 58-59. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Lumbar and thoracic (Acute and Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Massage Therapy Page(s): 58.

Decision rationale: Per the California MTUS guidelines, chiropractic therapy is recommended as an option when in conjunction with other recommended treatments such as exercise, and it should be limited to 4 to 6 visits in most cases. Massage is an effective adjunct treatment to relieve acute postoperative pain in patients who had major surgery. The clinical notes were not evidence that the injured worker has had a major surgery. The injured worker received 8 sessions of physical therapy with good results. The documentation did not indicate that the injured worker had any special circumstances that would warrant additional chiropractic therapy. The documentation did not address the injured worker's pain level. Therefore, the request for 12 chiropractic treatment visits for the lumbar spine is not medically necessary.