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| Case Number: | CM14-0079115 | | |
| Date Assigned: | 07/18/2014 | Date of Injury: | 06/01/2010 |
| Decision Date: | 11/05/2014 | UR Denial Date: | 05/21/2014 |
| Priority: | Standard | Application Received: | 05/29/2014 |

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 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 injured worker is a 58-year-old female who reported an injury on 06/01/2010. The mechanism of injury was a slip and fall. Diagnoses included intervertebral disc disorder. Past treatments included physical therapy and chiropractic manipulation. Pertinent diagnostic studies were not provided. Surgical history was not provided. The clinical note dated 05/06/2014, indicated the injured worker complained of persistent pain in her low back, with intermittent pain down the bilateral lower extremities. The physical exam revealed decreased range of motion of the lumbar spine and a normal gait and stance. The clinical note dated 05/06/2014, indicated the injured worker was not currently taking any medications. The treatment plan included 4 sessions of chiropractic manipulation to the low back and 6 sessions of physical therapy to the low back. The rationale for the treatment plan was to decrease pain. The Request for Authorization form was completed on 05/14/2014

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic manipulation to the low back, two (2) sessions every four (4) months for eight (8) months; QTY: 4.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation Page(s): 58-60.

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

Decision rationale: The request for chiropractic manipulation to the low back, (2) sessions every four (4) months for eight (8) months; QTY: 4.00 are not medically necessary. The California MTUS Guidelines indicate that manual therapy and manipulation are recommended as an option for chronic low back pain. For flare-ups of chronic low back pain, 1 to 2 visits every 4 to 6 months is indicated if previous treatments were successful and return to work was achieved. The clinical note dated 05/06/2014, indicated the injured worker complained of persistent low back pain. The physician noted that the previous chiropractic therapy, 1 year prior, was beneficial. However, there is a lack of clinical documentation of the efficacy of the previous chiropractic therapy, including quantified pain relief and functional improvement. Therefore, the request is not medically necessary.

Physical Therapy to the low back six (6) visits; QTY: 6.00: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 299, Chronic Pain Treatment Guidelines Page(s): 9.

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

Decision rationale: The request for 6 visits of physical therapy to the low back is not medically necessary. The California MTUS Guidelines indicate that physical therapy is recommended for patients with radiculitis, to include 8 to 10 visits over 4 weeks. The clinical note dated 05/06/2014, indicated the injured worker complained of persistent low back pain. There is a lack of clinical documentation of the previous physical therapy to the low back, including the number of sessions completed, quantified pain relief, and functional improvement. Therefore, the request is not medically necessary.