

<b>Case Number:</b>	CM14-0092288		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	09/20/2002
<b>Decision Date:</b>	09/29/2014	<b>UR Denial Date:</b>	06/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/18/2014

### 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 Occupational 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back, mid back, neck, head, and foot pain reportedly associated with an industrial injury of September 20, 2002. In a Utilization Review Report dated June 10, 2014, the claims administrator retrospectively denied a request for one course of physical therapy and chiropractic manipulative therapy. The claims administrator noted that the applicant had had 24 prior sessions of manipulative therapy. The claims administrator invoked a variety of MTUS and non-MTUS guidelines in its denial. The applicant's attorney subsequently appealed. On November 6, 2013, the applicant apparently received chiropractic manipulative therapy, diathermy, myofascial release, and other manual therapy modalities for ongoing complaints of low back, mid back, neck, shoulder, knee, and foot pain. The applicant's work status was not provided. The applicant again underwent manipulative therapy on November 27, 2013, comprising of diathermy, myofascial release, electrical stimulation, and manipulative treatment. The applicant's work status, once again, was not stated. In a January 6, 2014 progress note, the applicant was described as having persistent complaints of pain. The applicant received a variety of passive modalities, including manipulation and electrical stimulation. The applicant's prognosis was described as poor. In a medical-legal evaluation dated June 26, 2009, the applicant stated that she could only stand and walk short distances, could only push and pull light objects, and was having difficulty sleeping, all of which she attributed to pain. The applicant was also reporting derivative complaints of depression and anxiety, reportedly mild. Work restrictions were endorsed. The applicant was described as a "qualified injured worker," implying that the applicant was not working.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective review of Chiropractic, bilateral shoulders, bilateral knees, low back, mid back, neck, head, and right foot:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, treatment index, 11th edition (web) 2013 Head, neck and upper back, and shoulder, manipulations, and chiropractic guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation topic Page(s): 59-60.

**Decision rationale:** While pages 59 and 60 of the MTUS Chronic Pain Medical Treatment Guidelines do endorse up to 24 sessions of chiropractic manipulative therapy in applicants who demonstrate objective evidence of treatment success by achieving and/or maintaining successful return to work status, in this case, however, the applicant is no longer working. As the applicant's chiropractor has himself acknowledged, the applicant's prognosis was/is poor. The applicant does not appear to have worked in several years, despite completion of earlier 24 prior sessions of chiropractic manipulative therapy, per the claims administrator. The manipulative treatment at issue, thus, cannot be endorsed owing to the applicant's failure to demonstrate treatment success and failure to return to the workplace. Therefore, the request was not medically necessary.

**Retrospective review of Physical Therapy, bilateral shoulders, bilateral knees, low back, mid back, neck, head, and right foot:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines manual therapy Page(s): 58.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine topic Page(s): 98-99, 8.

**Decision rationale:** While page 99 of the MTUS Chronic Pain Medical Treatment Guidelines does endorse a general course of 9 to 10 sessions of treatment for myalgias and myositis of various body parts, the issue reportedly present here, this recommendation is qualified by commentary on page 8 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that there must be some demonstration of functional improvement at various milestones in the treatment program so as to justify continued treatment. In this case, however, as the treating therapist/chiropractor himself acknowledged, the applicant's prognosis was/is poor. The applicant had failed to return to work, despite having completed unspecified amounts of earlier physical therapy and manipulative therapy over the life of the claim. All of the above, taken together, suggests a lack of functional improvement as defined in MTUS despite completion of both prior physical therapy as well as the physical therapy sessions at issue. It is further noted that many of the physical therapy sessions at issue comprise largely of passive modalities such as diathermy and electrical stimulation, which, per page 98 of the MTUS Chronic Pain Medical

Treatment Guidelines should be used "sparingly" during the chronic pain phase of a claim. For all of the stated reasons, then, the request was not medically necessary.