

Case Number:	CM14-0097456		
Date Assigned:	09/23/2014	Date of Injury:	06/10/2012
Decision Date:	10/29/2014	UR Denial Date:	06/05/2014
Priority:	Standard	Application Received:	06/24/2014

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 Alabama. 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 25 year old female who sustained an industrial injury on 06/20/2014 to her low back. Prior treatment history has included 17 sessions of physical therapy and 6 sessions of chiropractic therapy. Progress report dated 02/11/2014 states the patient complained of low back pain which radiates to her waist and radiates down into her legs. On exam, the lumbar spine revealed tenderness and spasms over the paralumbar muscles, SI, sciatic notch and sacral base on the right. Straight leg raise is positive at 70 degrees bilaterally with radicular pain into the lower extremities. Kemp's test is positive on the right. His range of motion revealed flexion at 40/60; extension at 15/25; bending at 15 bilaterally and rotation at 15 bilaterally. The patient was diagnosed with lumbar spine discopathy and lumbar spine radiculitis. The patient has a recommendation for acupuncture treatment for the lumbar spine. The patient has been recommended for physical therapy xx6 and chiropractic treatment 1x6 to the lumbar spine but there is documented evidence found in the records providing updated status of improvement. Prior utilization review dated 06/05/2014 states the requests for Physical Therapy 1x6; and Chiropractic Treatment 1x6 were denied as there is no documented functional improvement from previous sessions and the patient has exceeded his recommended number of sessions for physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 1x6: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Physical Therapy Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), current online as of 10/2014, low back, physical therapy

Decision rationale: The above ODG guidelines regarding physical therapy for the low back states 10-12 visits for a diagnosis of lumbosacral radiculitis. In this case, therapy notes from 9/17/12 as well as 10/5/12 are noted to be treatment visit #6 of 6, which totals 12 visits. There is no compelling rationale to indicate any further therapy, and there is no documentation of pain or functional improvement with therapy. Therefore, Physical Therapy 1x6 is not medically necessary.

Chiropractic Treatment 1x6: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Chiropractic Guidelines

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), current online as of 10/2014, low back, manipulation

Decision rationale: The above ODG guidelines for chiropractic visits for low back recommend states that severe: trial of 6 visits over 2 weeks. Severe: With evidence of objective functional improvement, total of up to 18 visits. In this case, chiropractic note from 7/20/12 states he is on visit #6 of authorized #6. There is no compelling rationale to indicate any further chiropractic care, and there is no documentation of pain or functional improvement with chiropractic care. Therefore, Chiropractic Treatment 1x6 is not medically necessary.