

Case Number:	CM14-0098642		
Date Assigned:	07/28/2014	Date of Injury:	09/28/1989
Decision Date:	09/23/2014	UR Denial Date:	05/29/2014
Priority:	Standard	Application Received:	06/26/2014

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 mid and low back pain reportedly associated with an industrial injury of September 28, 1989. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representations; transfer of care to and from various providers in various specialties; and unspecified amounts of physical therapy and manipulative therapy over the life of the claim. In a Utilization Review Report dated May 29, 2014, the claims administrator denied a request for 18 sessions of physical and/or chiropractic manipulative therapy. A variety of MTUS and non-MTUS guidelines were cited. The applicant's attorney subsequently appealed. In a November 25, 2013 progress note, it was seemingly suggested that the applicant was no longer working as the applicant had retired. On December 10, 2013, the applicant was again described as having persistent complaints of low back and neck pain. The note was handwritten, not entirely legible, and difficult to follow. Tylenol and lidocaine patches were endorsed. The applicant was asked to pursue 18 sessions of physical therapy and/or manipulative therapy. In other handwritten notes dated January 13, 2014 and February 5, 2014, it was again stated that the applicant was not working. Eighteen sessions of chiropractic manipulative therapy and/or physical therapy were endorsed on these occasions. Similarly, on May 5, 2014, the applicant was given a prescription for 18 additional sessions of physical therapy. The applicant was asked to perform home exercises as directed. The applicant was again described as having persistent complaints of low back and neck pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

18 Additional Physical Therapy or Chiropractic: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation & Physical therapy. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Physical Therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation; Physical Medicine Page(s): 59-60; 98-99.

Decision rationale: The 18-session course of treatment proposed, in and of itself, represents treatment well in excess of the 9- to 10-session course recommended on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines for myalgias and/or myositis of various body parts. No rationale for further treatment in excess of the MTUS parameters was provided. Furthermore, while pages 59 and 60 of the MTUS Chronic Pain Medical Treatment Guidelines do support up to 24 sessions of chiropractic manipulative therapy in applicants who demonstrate treatment success by achieving and/or maintaining successful return to work status, in this case, however, the applicant is no longer working, although it is acknowledged that this may be a function of the applicant's having reached retirement age as opposed to a function of the industrial injury. The attending provider's handwritten progress notes, however, have not established any tangible or material improvements in function achieved as a result of the extensive prior chiropractic manipulative therapy over the life of the claim. It is further noted that page 98 of the MTUS Chronic Pain Medical Treatment Guidelines emphasizes active therapy, active modalities, and self-directed home physical medicine as an extension of the treatment process during the chronic pain phase of a claim. The request as written, then, for 18 additional sessions of physical therapy or chiropractic therapy, thus, runs counter to MTUS principles and parameters. Accordingly, the request is not medically necessary.