

Case Number:	CM14-0001994		
Date Assigned:	01/24/2014	Date of Injury:	07/01/2013
Decision Date:	02/04/2015	UR Denial Date:	12/20/2013
Priority:	Standard	Application Received:	01/06/2014

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 licensed in Chiropractor (DC) 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 claimant is a 46-year-old male who was involved in a work injury on 7/1/2013. The injury was described as the claimant "was unloading doors out of his vehicle. He placed the doors onto his shoulder and chest to hold them and felt a sharp pain in his back." The claimant reportedly continued to work but was offered no medical attention and was ultimately laid off on 7/31/2013. On 9/5/2013 the claimant presented to the office of [REDACTED], M.D., at [REDACTED] [REDACTED] for complaints of lower back and shoulder pain. The recommendation was for a course of chiropractic treatment at 3 times per week for 4 weeks. There was no indication that the claimant received any treatment with this facility. On 10/4/2013 the claimant was referred by his attorney to the office of [REDACTED], M.D., for complaints of lower back pain. The claimant was diagnosed with lumbar disc displacement with myelopathy and sciatica. The recommendation was for a course of electrical stimulation, infrared therapy, chiropractic manipulative therapy and myofascial release. On 12/10/2013 the claimant was reevaluated by [REDACTED]. The report indicated that the claimant had completed 17 sessions of physical medicine with overall functional improvement based on increase in lifting capacity to 5 pounds and improvement in lumbar ranges of motion findings from 29 to 37 in flexion and left bending from 15 to 25. The recommendation was for 6 additional sessions of physical medicine to include electrical muscle stimulation, infrared therapy, chiropractic manipulation, and myofascial release. This request was denied by peer review. On 12/20/2013 [REDACTED] reevaluated the claimant for complaints of continued lower back pain that was described as constant, severe, and sharp, aggravated by lifting and bending. The request was for a course of work hardening. The purpose of this review is to determine the medical necessity for the 6 physical medicine treatments requested on 12/10/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Six (6) additional sessions of physical medicine therapy including: chiropractic manipulation to the lumbar spine, electrical muscle stimulation to the lumbar spine, infrared to the lumbar spine, myofascial release to the lumbar spine and lumbar mobilization: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines manipulation section Page(s): 58.

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

Decision rationale: The MTUS chronic pain treatment guidelines, page 58, give the following recommendations regarding manipulation: "Recommended as an option. Therapeutic care - Trial of 6 visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks." At the time of this request the claimant had already completed 17 sessions of therapy. The requested 6 additional treatments exceed this guideline. Moreover, the continued delivery of passive therapy, 5 months post injury, is not supported by evidence-based guidelines. Further supporting that passive therapy was no longer appropriate was the fact that the provider requested a course of active work hardening 10 days after this request. Therefore, the medical necessity for the requested 6 sessions of therapy consisting of manipulation and passive therapy is not established.