

Case Number:	CM14-0148666		
Date Assigned:	09/18/2014	Date of Injury:	05/19/2014
Decision Date:	04/22/2015	UR Denial Date:	08/28/2014
Priority:	Standard	Application Received:	09/12/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Texas, California

Certification(s)/Specialty: Family Practice

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 52-year-old female, with a reported date of injury of 09/30/2010. The diagnoses include lumbar radiculopathy, lumbar disc degeneration, cervical radiculitis, cervical strain, myalgia/myositis, osteoarthritis, right shoulder pain, chronic pain, right upper extremity complex regional pain syndrome, and status post left knee arthroscopy. Treatments to date have included oral pain medications, topical pain medications, stellate ganglion block, electro-diagnostic studies, an MRI of the cervical spine, an MRI of the lumbar spine, an MRI of the bilateral knees, physical therapy, pool therapy, a cane, a wrist splint, lumbar epidural steroid injection, and acupuncture. The pain medicine re-evaluation dated 11/19/2014 indicates that the injured worker complained of neck pain with radiation down the right upper extremity, low back pain with radiation down the bilateral lower extremities, bilateral upper extremity pain, left knee pain, right foot pain, and buttocks pain. She rated her pain 8 out of 10 with medications, and 8-9 out of 10 without medications. The physical examination showed spasm in the lumbar paraspinal muscles, limited lumbar range of motion with pain, decreased sensitivity to touch along the L4-5 dermatome in the right lower extremity, positive seated right straight leg raise test, decreased right hand range of motion due to pain, and tenderness to palpation at the bilateral knees. The treating physician requested medication compound Lidoderm 2% jelly 60 grams. The rationale for the request was not indicated. Per the doctor's note dated 1/2/15, the patient had complaints of mid and low back pain at 4/10. Physical examination of the back revealed tenderness on palpation, limited range of motion, 4/5 strength, normal gait, muscle spasm,

altered sensation and positive SLR. Patient has received 6-7 PT visits, 22 chiropractic visits and 1 acupuncture session for this injury. The medication list includes Flexeril.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for chiropractic with physical therapy, for the lower back, 3 times a week for 3 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation, Physical Medicine Page(s): 58-59 and 99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Low Back (Updated 08/22/14) Physical Therapy (PT).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation, page 58-59, Physical therapy, page 98.

Decision rationale: Request: Retrospective request for chiropractic with physical therapy, for the lower back, 3 times a week for 3 weeks. Per the MTUS guidelines regarding chiropractic treatment, "One of the goals of any treatment plan should be to reduce the frequency of treatments to the point where maximum therapeutic benefit continues to be achieved while encouraging more active self-therapy, such as independent strengthening and range of motion exercises, and rehabilitative exercises. Patients also need to be encouraged to return to usual activity levels despite residual pain, as well as to avoid catastrophizing and overdependence on physicians, including doctors of chiropractic." In addition the cite guideline states "Several studies of manipulation have looked at duration of treatment, and they generally showed measured improvement within the first few weeks or 3-6 visits of chiropractic treatment, although improvement tapered off after the initial sessions. If chiropractic treatment is going to be effective, there should be some outward sign of subjective or objective improvement within the first 6 visits." Patient has received 6-7 PT visits, 22 chiropractic visits and 1 acupuncture session for this injury. The notes from the previous rehabilitation sessions were not specified in the records provided. There was no evidence of significant progressive functional improvement from the previous chiropractic visits therapy that is documented in the records provided. The records submitted contain no accompanying current chiropractic evaluation for this patient. Per the guidelines cited, "Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels." A valid rationale as to why remaining rehabilitation cannot be accomplished in the context of an independent exercise program was not specified in the records provided. The medical necessity of the Retrospective request for chiropractic with physical therapy, for the lower back, 3 times a week for 3 weeks is not fully established for this patient. Therefore, this request is not medically necessary.