

Case Number:	CM14-0206353		
Date Assigned:	12/18/2014	Date of Injury:	10/22/2013
Decision Date:	02/06/2015	UR Denial Date:	11/21/2014
Priority:	Standard	Application Received:	12/09/2014

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 Internal 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 injured worker (IW) is a 52-year-old woman with a date of injury of October 22, 2013. The mechanism of injury occurred when the IW was lifting a heavy box and felt a strong "pop" in her back. The injured worker working diagnosis is lumbar sprain/strain with right leg sciatica. Pursuant to the Doctor's First Report dated September 17, 2014, the IW complains of constant, moderate, radiating lower back pain with tightness and numbness. She also reports pain from her lower back into her right leg. The IW reports that she initially injured her back in November of 2012. At that time, she received 1 month of physical therapy. She continued working full duty until her condition worsened on October 22, 2013. Objective physical findings reveal tenderness to palpation with limited painful range of motion and positive orthopedic evaluation of the lumbar spine. There is decreased sensation at L4-S1 on the right. There are L3-L5 bilateral myospasms. Right knee range of motion is full with pain at end range of motion. McMurrays' sign is positive with posterior and medial joint line tenderness. The treating physician is recommending chiropractic manipulative therapy, modalities, and rehabilitation 1 to 2 times per week for 6 weeks (12 office visits on a trial basis), physical therapy, and TENS unit trial. There are no physical therapy progress notes in the medical record. There is no evidence of objective functional improvement associated with prior physical therapy. The current request is for an additional 12 physical therapy sessions, and 6-12 chiropractic sessions to the low back.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Physical Therapy Sessions for the lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), physical therapy

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98 and 99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Low Back, Physical Therapy.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, 12 physical therapy sessions to the lumbar spine are not medically necessary. Patients should be formally assessed after a six visit clinical trial see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical therapy). In this case, there is the initial doctor's first report dated September 17, 2014. The diagnosis is lumbar strain/sprain and right leg sciatica. The treatment plan is chiropractic manipulative and rehabilitation one to two times per week times six weeks. Medical record does not contain any additional physical therapy progress notes and objective functional improvement from prior physical therapy. The documentation contains an entry that the injured worker originally injured her lower back in November 2012 and received one month of physical therapy. Consequently, absent clinical evidence with objective functional improvement of prior physical therapy and clinical rationale for an additional 12 physical therapy sessions, 12 physical therapy sessions to the lumbar spine are not medically necessary.

Request 6-12 additional low back chiropractic sessions: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), chiropractic treatment

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Low Back, Manipulation.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, 6-12 chiropractic sessions to the low back are not medically necessary. Mild therapeutic care up to 6 visits. Severe: up to 6 visits with objective functional improvement may have up to 18 visits. In this case, there is the initial doctor's first report dated September 17, 2014. The diagnosis is lumbar strain/sprain and right leg sciatica. The treatment plan is chiropractic manipulative and rehabilitation one to two times per week times six weeks. Medical record does not contain any additional physical therapy progress notes and objective functional improvement from prior physical therapy. The documentation contains an entry that the injured worker originally injured her lower back in November 2012 and received one month of physical therapy. Consequently, absent clinical evidence with objective functional improvement of prior chiropractic manipulation and clinical rationale for an additional 12 chiropractic sessions, 6-12 chiropractic sessions to the low back are not medically necessary.

