

<b>Case Number:</b>	CM14-0208819		
<b>Date Assigned:</b>	12/23/2014	<b>Date of Injury:</b>	09/03/2014
<b>Decision Date:</b>	02/13/2015	<b>UR Denial Date:</b>	11/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/12/2014

### 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. The expert reviewer is Board Certified in Physical Medicine Rehab, has a subspecialty in Interventional spine 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 patient is a 41 year old male with an injury date on 09/03/2014. Based on the 11/14/2014 progress report provided by the treating physician, the diagnosis is: 1. Lumbago Physical exam reveals no tenderness of the lumbar spine, sensation of the lower extremities is intact, 5/5 motor strength, and orthopedic test were negative. "Range of motion of the lumbar spine demonstrated full and painless." According the treating physician, X-ray, MRI or CT of the lumbar spine was reviewed with no evidence of abnormality. The 10/03/2014 report indicates the patient is "status post assault by a fellow teacher who suddenly poked the person in the anus with a stick." The patient now has "acute stress disorder," anxiety as well as depression. "Since then he has had decreased ADLs with exercise sitting and bending twisting as well as repetitive motions worsening his problem." Pain is rated as a 4 /10. Treatment to date includes "physical therapy and acupuncture with minimal relief," NSAID and opiate medicine. The patient's work status is "Return to work without restrictions." There were no other significant findings noted on this report. The utilization review denied the request for Chiro x9 visits and PT 1-2 visits per week for 6 weeks - low back on 11/22/2014 based on the MTUS guidelines. The requesting physician provided treatment reports from 10/03/2014 to 11/11/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiro times 9 visits:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58 and 59.

**Decision rationale:** According to the 11/14/2014 report, this patient presents "status post assault" with lumbago pain. The current request is for chiro times 9 visits. Regarding chiropractic manipulation, MTUS recommend an optional trial of 6 visits over 2 weeks with evidence of objective functional improvement total of up to 18 visits over 6 to 8 weeks. For recurrences/flare-ups, reevaluate treatment success and if return to work is achieved, then 1 to 2 visits every 4 to 6 months. In reviewing the provided records, there are no documents of prior chiropractic care or discussions thereof. The treating physician does not document that an initial trial of chiropractic has been initiated. An initial trial of chiropractic care may be reasonable in this case. However, the requested 9 sessions exceed what the guidelines recommend as an optional trial of 6 visits. The request is not medically necessary.

**Physical therapy (PT) 1-2 visits per week for 6 weeks - low back:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98 and 99.

**Decision rationale:** According to the 11/14/2014 report, this patient presents "status post assault" with lumbago pain. The current request is for PT 1-2 visits per week for 6 weeks to the low back. For physical medicine, MTUS guidelines pages 98 and 99 state that for myalgia and myositis, 9-10 visits are recommended over 8 weeks. For neuralgia, neuritis, and radiculitis, 8-10 visits are recommended. In reviewing the provided records, the patient has had 4 physical therapy sessions from 09/04/2014 to 11/13/2014 with "Rehab Potential: Good." Given that the patient has had 4 sessions recently, the requested 6 to 12 additional sessions exceed what is allowed per MTUS. The request is not medically necessary.