

<b>Case Number:</b>	CM14-0209576		
<b>Date Assigned:</b>	12/22/2014	<b>Date of Injury:</b>	09/17/2012
<b>Decision Date:</b>	03/05/2015	<b>UR Denial Date:</b>	12/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/15/2014

### 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, Ohio, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 neck and low back pain reportedly associated with an industrial injury of February 17, 2012. In a Utilization Review Report dated December 4, 2014, the claims administrator partially approved request for 12 sessions of chiropractic manipulative therapy as six sessions of chiropractic manipulative therapy and denied a request for 12 sessions of physical therapy outright. The claims administrator referenced a November 6, 2014 progress note in its determination. The applicant's attorney subsequently appealed. In a handwritten note dated November 6, 2014, the applicant was placed off of work, on total temporary disability, owing to worsened neck, low back, and shoulder pain. Large portions of the progress note were blurred as a result of repetitive photocopying. Twelve sessions of physical therapy and manipulative therapy were endorsed, along with lumbar traction. A neurosurgery consultation was also sought. In an earlier note dated April 10, 2014, handwritten, difficult to follow, not entirely legible, six sessions of physical therapy, six sessions of acupuncture, an orthopedic consultation, and electrodiagnostic testing were ordered. The applicant was placed off of work, on total temporary disability, for 45 days.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 Chiropractic Treatment for the Lumbar and Cervical Spine: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chiropractic Therapy for Chronic Pain Page(s): 58-60.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 59-60.

**Decision rationale:** The request for 12 sessions of chiropractic manipulative therapy for the lumbar and cervical spines was not medically necessary, medically appropriate, or indicated here. While page 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 was/is off of work, on total temporary disability, despite completion of earlier unspecified amounts of chiropractic manipulative therapy over the course of the claim. Therefore, the request for 12 additional chiropractic treatments was not medically necessary.

**12 Physical Therapy visits for the lumbar and cervical spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine topic; Functional Restoration Approach to Chronic Pain Management section. Pag.

**Decision rationale:** The 12-session course of physical therapy proposed, in and of itself, represents treatment in excess of the 9- to 10-session course recommended on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines for myalgias and myositis of various body parts, the diagnosis reportedly present here. As further noted on page 8 of the MTUS Chronic Pain Medical Treatment Guidelines, demonstration of functional improvement is necessary at various milestones in the treatment program in order to justify continued treatment. Here, however, the applicant was/is off of work, on total temporary disability, including completion of earlier unspecified amounts of physical therapy over the course of the claim, including at least six treatments in April 2014 alone, suggesting a lack of functional improvement as defined in MTUS 9792.20f despite completion of the same. Therefore, the request was not medically necessary.