

Case Number:	CM14-0060010		
Date Assigned:	07/09/2014	Date of Injury:	01/05/2013
Decision Date:	04/13/2015	UR Denial Date:	04/04/2014
Priority:	Standard	Application Received:	04/30/2014

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: 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 49 year old male, who sustained an industrial injury on January 5, 2013. He reported injury to his lower back. The injured worker was diagnosed as having thoracic sprain, lumbosacral sprain and sciatica. Treatment to date has included diagnostic studies, medications, physical therapy and exercises. On January 21, 2015, the injured worker complained of pain that radiates into his left knee. There was increased pain reported with prolonged walking. The current treatment plan included physical therapy, MRI and medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy or Chiropractic Treatment, QTY 18: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, Chronic Pain Treatment Guidelines Medical Treatment Guidelines, Functional improvement measures; Physical Medicine Guidelines Page(s): 48, 99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine & Manual Therapy and Manipulation Page(s): Physical Medicine/98-99; Manual Therapy & Manipulation/58-59.

Decision rationale: The MTUS/Chronic Pain Medical Treatment Guidelines comment on the use of physical therapy and chiropractic treatment as a modality to address chronic pain. Regarding the use of physical therapy, these MTUS guidelines state the following: Physical Medicine Guidelines: Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home exercise program. Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks. Neuralgia, neuritis, and radiculitis, unspecified (ICD9 729.2): 8-10 visits over 4 weeks. The medical records indicate that the patient has previously received approximately 9 sessions of physical therapy and is engaged in a self-directed home exercise program. Given these findings, there is insufficient rationale provided to justify additional physical therapy beyond what has already been provided in this case. The request for 18 visits exceeds the above cited MTUS guidelines. For these reasons, 18 sessions of physical therapy is not considered as medically necessary. Regarding the request for 18 sessions of chiropractic treatment, the MTUS guidelines state the following: Manual Therapy is widely used in the treatment of musculoskeletal pain. The intended goal or effect of Manual Medicine is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. Manipulation is manual therapy that moves a joint beyond the physiologic range-of-motion but not beyond the anatomic range-of-motion. Low back: 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.-Elective/maintenance care: Not medically necessary. Recurrences/flare-ups: Need to re-evaluate treatment success, if RTW achieved then 1-2 visits every 4-6 months. Treatment Parameters from state guidelines: a. Time to produce effect: 4 to 6 treatments. b. Frequency: 1 to 2 times per week the first 2 weeks, as indicated by the severity of the condition. Treatment may continue at 1 treatment per week for the next 6 weeks. c. Maximum duration: 8 weeks. At week 8, patients should be reevaluated. Care beyond 8 weeks may be indicated for certain chronic pain patients in whom manipulation is helpful in improving function, decreasing pain and improving quality of life. In these cases, treatment may be continued at 1 treatment every other week until the patient has reached plateau and maintenance treatments have been determined. Extended durations of care beyond what is considered "maximum" may be necessary in cases of re-injury, interrupted continuity of care, exacerbation of symptoms, and in those patients with comorbidities. Such care should be re-evaluated and documented on a monthly basis. Treatment beyond 4-6 visits should be documented with objective improvement in function. Number of Visits: 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. In this case, the request for chiropractic treatment was for 18 sessions. Per the above cited MTUS guidelines, there should be evidence by 4-6 visits of objective improvement in function. The request for chiropractic treatment did not include a plan for an objective assessment in functional outcomes/pain control. For these reasons, 18 sessions of chiropractic treatments is not considered as medically necessary.