

Case Number:	CM15-0008729		
Date Assigned:	01/26/2015	Date of Injury:	05/07/2008
Decision Date:	03/24/2015	UR Denial Date:	12/29/2014
Priority:	Standard	Application Received:	01/15/2015

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, Arizona
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 35-year-old male who reported an injury on 05/07/2008 due to an unspecified mechanism of injury. On 01/05/2015, he presented for a followup evaluation. He reported minimal pain at a 4/10 level and was noted to be taking Ultracet as needed for pain. He was working full duty and had attended 11 sessions of physical therapy with benefit and completed 4/4 chiropractic therapy sessions with benefit. A physical examination showed lumbar spasms with no tenderness. Sensation was noted to be "gilt" in the bilateral lower extremities and strength was a 5/5 throughout. He was diagnosed with a lumbar sprain and strain and lumbar degenerative disc disease and degenerative joint disease. The treatment plan was for 4 chiropractic and physical therapy sessions for the low back. The rationale for treatment was to continue treatment for his injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

4 chiropractic and pt sessions lower back: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: According to the California MTUS Guidelines, manual therapy and manipulation is recommended for the low back with a trial of 6 visits over 2 weeks. With objective functional improvement, a total of 18 sessions over 6 to 7 weeks is recommended. It is also stated that physical medicine is recommended for myalgia and myositis unspecified for 9 to 10 visits over 8 weeks. For neuralgia, neuritis and radiculitis unspecified, 8 to 10 visits over 4 weeks is recommended. Based on the clinical documentation submitted for review, the injured worker has already exceeded the allotted number of sessions listed within the guidelines for his condition. Therefore, additional physical therapy would not be supported. Also, while it was stated that the injured worker had reported benefit from the 4 out 4 chiropractic therapy sessions he had completed, there is a lack of documentation showing that he has any significant functional deficits to support the request for additional chiropractic therapy. Given the above, the request is not medically necessary.