

Case Number:	CM15-0145199		
Date Assigned:	08/06/2015	Date of Injury:	05/12/2015
Decision Date:	09/02/2015	UR Denial Date:	07/20/2015
Priority:	Standard	Application Received:	07/27/2015

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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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:

This 53 year old male sustained an industrial injury on 5-12-15. He subsequently reported back pain. Diagnoses include lumbago. Treatments to date include x-ray and MRI testing, a back brace, physical therapy and prescription pain medications. The injured worker continues to experience low back pain which radiates to the left lower extremity and neck pain that radiates to the bilateral shoulders. Upon examination, the neck reveals midline tenderness extending from C3-C7. Bilateral cervical facet tenderness is noted C4-C5, C5-C6. Bilateral trapezius tenderness is noted. Facet loading is positive in the cervical spine. Examination of the lower back shows midline tenderness extending from L3- S1. Bilateral mild sacroiliac and sciatic notch tenderness is noted. Thoracic and lumbar spine movements still remain painful. A request for Chiropractic physical therapy, quantity: 8 sessions was made by the treating physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic physical therapy, quantity: 8 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation, Physical Medicine Guidelines Page(s): 58-60, 98-99.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287-315, Chronic Pain Treatment Guidelines Manual therapy & manipulation Physical Therapy, Physical Medicine Page(s): 58-60, 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back (Acute & Chronic), Chiropractic care and Manipulation, Low Back - Lumbar & Thoracic (Acute & Chronic), Physical Therapy.

Decision rationale: MTUS guidelines do not specifically address cervical neck chiropractic therapy, but does discuss chiropractic therapy in general. MTUS states, "Recommended for chronic pain if caused by musculoskeletal conditions." MTUS additionally quantifies, "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." ODG writes, "it would not be advisable to use beyond 2-3 weeks if signs of objective progress towards functional restoration are not demonstrated." Additionally, ODG details criteria for treatment: Regional Neck Pain: 9 visits over 8 weeks. Cervical Strain: Intensity & duration of care depend on severity of injury as indicated below, but not on causation. These guidelines apply to cervical strains, sprains, whiplash (WAD), acceleration/deceleration injuries, motor vehicle accidents (MVA), including auto, and other injuries whether at work or not. The primary criterion for continued treatment is patient response, as indicated below. Mild (grade I - Quebec Task Force grades): up to 6 visits over 2-3 weeks- Moderate (grade II): Trial of 6 visits over 2-3 weeks. Moderate (grade II): With evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks, avoid chronicity- Severe (grade III): Trial of 10 visits over 4-6 weeks- Severe (grade III): With evidence of objective functional improvement, total of up to 25 visits over 6 months, avoid chronicity- Cervical Nerve Root Compression with Radiculopathy: Patient selection based on previous chiropractic success Trial of 6 visits over 2-3 weeks. With evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks, if acute, avoid chronicity and gradually fade the patient into active self-directed care- Post Laminectomy Syndrome: 14-16 visits over 12 weeks. California MTUS guidelines refer to physical medicine guidelines for physical therapy and recommends as follows: "Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." Additionally, ACOEM guidelines advise against passive modalities by a therapist unless exercises are to be carried out at home by patient. ODG quantifies its recommendations with 10 visits over 8 weeks for lumbar sprains/strains and 9 visits over 8 weeks for unspecified backache/lumbago. ODG further states that a six-visit clinical trial of physical therapy with documented objective and subjective improvements should occur initially before additional sessions are to be warranted. The request for therapy does not specify what treatment is being requested. It is unclear if this patient has attended chiropractic care or physical therapy sessions in the past. Guidelines recommend a 6 visit clinical trial for both physical therapy and chiropractic care, additional therapy is dependent upon objective functional improvement. The requested 8 sessions is in excess of guideline recommendations. As such, the request for Chiropractic physical therapy, quantity: 8 sessions is not medically necessary.