

Case Number:	CM15-0147603		
Date Assigned:	08/10/2015	Date of Injury:	02/25/2013
Decision Date:	09/08/2015	UR Denial Date:	07/02/2015
Priority:	Standard	Application Received:	07/29/2015

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, Indiana, New York
 Certification(s)/Specialty: Internal 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 injured worker is a 62 year old female, who sustained an industrial injury on 2-25-2013. She reported a slip and fall resulting in right knee and low back pain with numbness and tingling to the right leg. Diagnoses include lumbar degenerative disc disease, radiculitis, piriformis syndrome, and myofascial pain. Treatments to date include medication therapy, physical therapy, chiropractic therapy, and epidural steroid injections. Currently, she complained of ongoing low back pain with radiation to right lower extremity. On 6-24-15, the physical examination documented decreased lumbar range of motion and positive Lasegue's and Kemp's tests. The plan of care included a request to authorize twelve chiropractic therapy sessions, twice a week for six weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic/physiotherapy treatments 2 times a week for 6 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Chiropractic therapy Page(s): 98-99 and 58-60. Decision based on Non-MTUS Citation

Official Disability Guidelines (ODG) Pain section, Physical therapy Pain section, Chiropractic therapy.

Decision rationale: How Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, chiropractic/physiotherapy treatments two times per week for six weeks are not medically necessary. Manual manipulation and therapy is that recommended for chronic pain is caused by musculoskeletal conditions. The intended goal or effective manual medicine is the achievement of positive symptomatic or objective measurable gains and functional improvement. Manipulation, therapeutic care-trial of 6 visits over two weeks. With evidence of objective functional improvement, total of up to 18 visits over 6 to 8 weeks. Elective/maintenance care is not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical committee therapy). When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnoses are lumbar sprain strain; lumbosacral neuritis or radiculitis; and myalgia/myositis. The date of injury is February 25, 2013. Request for authorization is dated June 26, 2015. According to a chiropractic progress note dated June 24, 2015, the injured worker completed six chiropractic with physiotherapy treatments. The worker has improved range of motion. The treating provider (chiropractor), then requested an additional 12 chiropractic with physiotherapy treatments. The guidelines recommends 10 visits over eight weeks. The treating provider received six sessions to date. The documentation does not demonstrate objective functional improvement. The requesting provider is a [REDACTED]. Subjectively, according to a July 31, 2015 progress note, the injured worker has low back pain that radiates to the right lower extremity. Objectively, there is tenderness palpation overlying paraspinal lumbar muscle. There are no compelling clinical facts indicating additional chiropractic/physiotherapy sessions is clinically warranted. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines, absent documentation demonstrating objective functional improvement and compelling clinical facts indicating additional chiropractic with physiotherapy sessions over the recommended guidelines is clinically warranted, chiropractic/physiotherapy treatments two times per week for six weeks are not medically necessary.