

Case Number:	CM15-0164668		
Date Assigned:	09/02/2015	Date of Injury:	06/22/2015
Decision Date:	10/22/2015	UR Denial Date:	08/12/2015
Priority:	Standard	Application Received:	08/21/2015

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

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

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 54 year old male who sustained an industrial injury on 06-22-15. Initial complaints and diagnoses are not available. Treatments to date include chiropractic treatments. Diagnostic studies are not addressed. Current complaints include headache, neck and low back pain as well as left elbow pain. Current diagnoses include tension headache, cervical and lumbosacral sprain and strain, cervical myofascitis, lumbar muscle spasm, and left elbow sprain and strain. In a progress note dated 08-03-15 the treating provider reports the plan of care as continued chiropractic treatments, a Functional Capacity Evaluation, and x-rays of the cervical and lumbar spines and left elbow. The requested treatments include physical therapy and chiropractic therapy, x-rays of the lumbar spine, range of motion, Jamar testing, and a Functional Capacity Evaluation. Notes indicated the patient underwent a lumbar x-ray previously. A report dated July 29, 2013 states that the lumbar x-ray has negative findings. The note goes on to say that the patient underwent 6 sessions of physical therapy. Grip strength, motor strength, and range of motion were tested within the context of a standard physical examination.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physiotherapy 3 times a week for 6 weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Physical Therapy Guidelines, Aetna Clinical Policy-Physical Therapy.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Physical Methods, and Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Physical Therapy.

Decision rationale: Regarding the request for additional Physiotherapy 3 times a week for 6 weeks, Chronic Pain Medical Treatment Guidelines recommend a short course of active therapy with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. ODG has more specific criteria for the ongoing use of physical therapy. ODG recommends a trial of physical therapy. If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. Within the documentation available for review, there is documentation of completion of prior PT sessions, but there is no documentation of specific objective functional improvement with the previous sessions and remaining deficits that cannot be addressed within the context of an independent home exercise program, yet are expected to improve with formal supervised therapy. Furthermore, the request exceeds the amount of PT recommended by ODG and, unfortunately, there is no provision for modification of the current request. In light of the above issues, the currently requested additional Physiotherapy 3 times a week for 6 weeks is not medically necessary.

Chiropractic treatment 3 times a week for 6 weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chiropractic Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation.

Decision rationale: Regarding the request for Chiropractic treatment 3 times a week for 6 weeks, Chronic Pain Medical Treatment Guidelines support the use of chiropractic care for the treatment of chronic pain caused by musculoskeletal conditions. Guidelines go on to recommend a trial of up to 6 visits over 2 weeks for the treatment of low back pain. With evidence of objective functional improvement, a total of up to 18 visits over 6 to 8 weeks may be supported. Within the documentation available for review, it is unclear exactly what objective functional deficits are intended to be addressed with the currently requested chiropractic care. Additionally, the currently requested 18 treatment sessions exceeds the initial trial recommended by guidelines of 6 visits. In the absence of clarity regarding the above issues, the currently requested Chiropractic treatment 3 times a week for 6 weeks is not medically necessary.

X-ray of the lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Indications for imaging-X-ray.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Diagnostic Criteria, Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Radiography (X-rays).

Decision rationale: Regarding request for repeat lumbar spine x-ray, Occupational Medicine Practice Guidelines state that x-rays should not be recommended in patients with low back pain in the absence of red flags for serious spinal pathology even if the pain has persisted for at least 6 weeks. However, it may be appropriate when the physician believes it would aid in patient management. Guidelines go on to state that subsequent imaging should be based on new symptoms or a change in current symptoms. Within the documentation available for review, it appears that the patient has undergone lumbar x-rays previously which were read as normal. There is no statement indicating how the patient's symptoms or findings have changed since the time of the most recent imaging. Additionally, the requesting physician has not stated how his medical decision-making will be changed based upon the outcome of the currently requested lumbar x-ray. In the absence of clarity regarding those issues, the currently requested repeat lumbar x-ray is not medically necessary.

Functional capacity evaluation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines pages 137-138.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Fitness for Duty Chapter, Functional Capacity Evaluation and Other Medical Treatment Guidelines American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Prevention Chapter, Page 12.

Decision rationale: Regarding request for functional capacity evaluation, Occupational Medicine Practice Guidelines state that there is not good evidence that functional capacity evaluations are correlated with a lower frequency of health complaints or injuries. ODG states that functional capacity evaluations are recommended prior to admission to a work hardening program. The criteria for the use of a functional capacity evaluation includes case management being hampered by complex issues such as prior unsuccessful return to work attempts, conflicting medical reporting on precautions and/or fitness for modified job, or injuries that require detailed explanation of a worker's abilities. Additionally, guidelines recommend that the patient be close to or at maximum medical improvement with all key medical reports secured and additional/secondary conditions clarified. Within the documentation available for review, there is no indication that there has been prior unsuccessful return to work attempts, conflicting medical reporting, or injuries that would require detailed exploration. In the absence of clarity regarding those issues, the currently requested functional capacity evaluation is not medically necessary.

Jamar testing: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): General Approach to Initial Assessment and Documentation, Initial Approaches to Treatment, Cornerstones of Disability Prevention and Management.

Decision rationale: Regarding the request for JAMAR muscle testing, Occupational Medicine Practice Guidelines state that physical examination should be part of a normal follow-up visit including examination of the musculoskeletal system. A general physical examination for a musculoskeletal complaint typically includes range of motion and strength testing. Within the documentation available for review, the requesting physician has not identified why he is incapable of performing a standard musculoskeletal examination for this patient, or why additional testing above and beyond what is normally required for a physical examination would be beneficial in this case. In the absence of such documentation, the currently requested JAMAR muscle testing is not medically necessary.

Range of motion: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): General Approach to Initial Assessment and Documentation, Initial Approaches to Treatment, Cornerstones of Disability Prevention and Management.

Decision rationale: Regarding the request for range of motion testing, Occupational Medicine Practice Guidelines state that physical examination should be part of a normal follow-up visit including examination of the musculoskeletal system. A general physical examination for a musculoskeletal complaint typically includes range of motion and strength testing. Within the documentation available for review, the requesting physician has not identified why he is incapable of performing a standard musculoskeletal examination for this patient, or why additional testing above and beyond what is normally required for a physical examination would be beneficial in this case. In the absence of such documentation, the currently requested range of motion testing is not medically necessary.