

<b>Case Number:</b>	CM15-0165611		
<b>Date Assigned:</b>	09/03/2015	<b>Date of Injury:</b>	12/04/2014
<b>Decision Date:</b>	10/13/2015	<b>UR Denial Date:</b>	07/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/24/2015

### 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: Massachusetts

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 24 year old male who sustained an industrial injury on 12-14-14. Initial complaints include loss of consciousness and right sided body pain. Initial diagnoses are not available. Treatments to date include medications, work restrictions, physical therapy, and chiropractic treatments. Diagnostic studies include x-rays and CT scans. Current complaints include pain in the neck and mid back with radiation to the arms, as well as pain in the lower back radiating to the legs. Current diagnoses include lumbago. In a progress note dated 06-18-15 the treating provider reports the plan of care as medications including Flexeril, venlafaxine, tramadol, and chiropractic physiotherapy treatments. The requested treatments include chiropractic physiotherapy treatments.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiro/PT x 10:** 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, p 58 Page(s): 58. Decision based on Non-MTUS Citation Official

Disability Guidelines (ODG) (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines.

**Decision rationale:** The claimant sustained a work injury in December 2014 and is being treated for radiating neck and radiating low back pain when metal scaffolding fell striking him on the right side of his chest wall and shoulder. He had three sessions of physical therapy in December 2014. Physical therapy and chiropractic treatments were requested in April 2015. In June 2015 he had attended two chiropractic treatments. When seen by the requesting provider he was having worsening symptoms. Physical examination findings included cervical and lumbar tenderness with lumbar muscle spasms. There was decreased cervical and lumbar spine range of motion. Straight leg raising was positive. There was decreased right shoulder range of motion with tenderness. There was normal strength with decreased right lower extremity sensation. Authorization is being requested for 10 additional physical therapy/chiropractic treatments. In this case, the claimant is being treated for chronic pain with no new injury. He has already had a limited number of therapy treatments. In terms of physical therapy treatment for chronic pain, the number of visits requested is in excess of that recommended or what might be needed to determine whether continuation of therapy was likely to be effective. In terms of chiropractic care, guidelines recommend a trial of 6 visits over two weeks with further treatment considered if there is objective evidence of functional improvement and with a total of up to 18 visits over 6-8 weeks. In this case, the number of additional treatment sessions requested is also in excess of the guideline recommendation. The request was not medically necessary.