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| <b>Case Number:</b>   | CM15-0184427 |                              |            |
| <b>Date Assigned:</b> | 09/24/2015   | <b>Date of Injury:</b>       | 05/29/2007 |
| <b>Decision Date:</b> | 11/06/2015   | <b>UR Denial Date:</b>       | 08/25/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 09/18/2015 |

### 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

### 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 60 year old female, who sustained an industrial injury on 5-29-2007. The injured worker is being treated for lumbar strain, lumbar disc herniation with radiculopathy, cervical strain, cervical radicular pain, cervical neuropathy and lumbar radicular pain. Treatment to date has included medications, chiropractic treatment, home exercises and psychological evaluation and treatment. Per the Primary Treating Physician's Progress Report dated 8-17-2015, the injured worker reported neck and low back pain. She has not yet been to physical therapy (PT) for flare of symptoms. She is requesting chiro in addition to PT. Objective findings of the lumbosacral spine included tenderness to palpation of the bilateral lumbar paraspinous with spasm. There was decreased flexion due to pain. The plan of care included physical therapy and chiropractic care and authorization was requested for physical therapy (3x2) and chiropractic (2-3 x 2-3). On 8-25-2015, Utilization Review non-certified the request for physical therapy (3x2) and chiropractic (2-3 x 2-3) for lumbar citing MTUS guidelines for medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 3 times a week for 2 weeks to the lumbar: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

**Decision rationale:** The patient presents with low back pain radiating into the right lower extremity. The request is for physical therapy 3 times a week for 2 weeks to the lumbar. Examination to the lumbar spine on 04/12/13 revealed a decrease in range of motion in all planes. Straight leg raising test was positive on the right. Per 09/01/15 progress report, patient's diagnosis include cervical strain, lumbar strain, and lumbar radiculopathy. Patient's treatments have included medication, heating pad, chiropractic and physical therapy. Patient's medications, per 04/15/14 progress report include Norco and Flexeril. Patient's work status is modified duties. The MTUS Chronic Pain Management Guidelines 2009, pages 98 and 99, Physical Medicine section, has the following: "Recommended as indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." MTUS guidelines pages 98, 99 states that for "Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended." The treater has not addressed this request; no RFA was provided either. Review of the medical records provided indicate that the patient has received 6 sessions of physical therapy to the lumbar spine. In this case, the treater has not documented the outcome benefits of the previous therapy the patient has had. Furthermore, the treater has not indicated why additional therapy is needed and why the patient cannot transition into a home based exercise program. Additionally, the guidelines recommend up to 10 sessions of therapy and the requested 6 sessions, in addition to prior sessions exceeds guideline recommendations. Therefore, the request IS NOT medically necessary.

**Chiropractic treatment 2-3 times a week for 2-3 weeks to the lumbar:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

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

**Decision rationale:** The patient presents with low back pain radiating into the right lower extremity. The request is for chiropractic treatment 2-3 times a week for 2-3 weeks to the lumbar. Examination to the lumbar spine on 04/12/13 revealed a decrease in range of motion in all planes. Straight leg raising test was positive on the right. Per 09/01/15 progress report, patient's diagnosis include cervical strain, lumbar strain, and lumbar radiculopathy. Patient's treatments have included medication, heating pad, chiropractic and physical therapy. Patient's medications, per 04/15/14 progress report include Norco and Flexeril. Patient's work status is modified duties. MTUS Chronic Pain Medical Treatment Guidelines, pages 58-59, Manual Therapy & Manipulation section recommends an optional trial of 6 visits over 2 weeks with evidence of objective functional improvement total of up to 18 visits over 6 to 8 weeks. For

recurrences/flare-ups, reevaluate treatment success and if return to work is achieved, then 1 to 2 visits every 4 to 6 months. MTUS page 8 also requires that the treater monitor the treatment progress to determine appropriate course of treatments. The treater has not discussed this request; no RFA was provided either. Review of the medical records provided indicate that the patient has had unspecified sessions of chiropractic care. However, the treater has not documented pain reduction and functional improvement resulting from chiropractic therapy. Furthermore, MTUS guidelines recommend a trial of up to 6 visits over 2 weeks and the current request, in addition to prior chiropractic visits exceeds what is allowed by MTUS and therefore, the request IS NOT medically necessary.