MAXIMUS Federal Services

Case Number:	CM15-0187869		
Date Assigned:	09/29/2015	Date of Injury:	03/02/2010
Decision Date:	11/13/2015	UR Denial Date:	09/17/2015
Priority:	Standard	Application Received:	09/24/2015

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: California, Hawaii
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 69 year old male who sustained an industrial injury on 3-2-10. A review of the medical records indicates he is undergoing treatment for lumbago. Medical records (7-20-15 to 8-21-15) indicate ongoing complaints of lower back, "shoulder", and left arm pain. The records indicate that his "main issue" is his lower back. The injured worker rates his pain "5 out of 10", but indicates that it is "worse in lower back". He reports "some radiation to legs, at times" (7-20-15). The 7-20-15 record indicates that his "main concern is getting physical therapy and chiropractic treatment for shoulder, left arm, and neck". The physical exam (8-21-15) reveals diffuse restricted range of motion in the cervical spine with tenderness to palpation and "moderate" spasm in bilateral superior trapezius muscles. His back is noted to have full range of motion. Pain is "improved" with forward flexion at the waist. No spasm noted over the lumbar-sacral spine. "Normal" upper and lower extremity motor strength is noted and sensory exam is "intact". The 7-20-15 record indicates previous "x-rays" and an "MRI". However, the locations of the studies are not indicated. "Imaging" of the lumbar spine was ordered on 7-20-15 and noted to show "mild degenerative joint disease" in the 8-4-15 progress record. Treatment has included physical therapy, chiropractic treatment, and massage, use of a back brace, home exercise program, and medications. The number of physical therapy, chiropractic treatments, and massage sessions received are not indicated in the records. He has received a Toradol injection on two separate visits, which was noted to have "helped" for 4-5 days. He was started on Celebrex 200mg once daily as needed for pain on 8-4-15. Treatment recommendations on 8-4-15 include a referral to physical therapy. A chiropractic referral was made on 8-21-15. The utilization

review (9-17-15) indicates requests for physical therapy for 8-12 sessions to the lumbar spine, 2-3 times a week for 4 weeks, as well as chiropractic therapy with massage for 12 sessions to the lumbar spine, 2 times a week for 6 weeks. Both requests were denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic therapy with massage for 12 sessions to the lumbar spine, 2x6: 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, Massage therapy.

Decision rationale: The patient presents with ongoing complaints of lower back, "shoulder," and left arm pain. The current request is for chiropractic therapy with massage for 12 sessions to the lumbar spine, 2x6. The treating physician states, in a report dated 08/04/15, "Massage therapy 2x/wk x 6 wks." (10B) MTUS page 60 supports massage therapy as an adjunct to other recommended treatment such as exercise and states that it should be limited to 4-6 visits in most cases. Massage is also an effective adjunct treatment to relieve acute postoperative pain. However, the request exceeds the number of trial visits allowed by guidelines. With regard to chiropractic therapy, MTUS guidelines support initial chiropractic treatment of 6 visits and with functional improvement up to 18 visits. However, the request exceeds the number of trial visits allowed by guidelines. The current request is not medically necessary.

Physical therapy for 8 to 12 sessions to the lumbar spine, 2 to 3 times a week for 4 weeks: 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 ongoing complaints of lower back, "shoulder," and left arm pain. The current request is for physical therapy for 8 to 12 sessions to the lumbar spine, 2 to 3 times a week for 4 weeks. The treating physician states, in a report dated 08/04/15, "physical therapy for chronic LBP: eval/treat 2-3/week x 4 weeks." (10B) MTUS guidelines pages 98, 99 state that for myalgia and myositis, 9-10 visits are recommended over 8 weeks. For neuralgia, neuritis, and radiculitis, 8-10 visits are recommended. This request exceeds the number of trial visits allowed by guidelines. The current request is not medically necessary.