

Case Number:	CM15-0188642		
Date Assigned:	09/30/2015	Date of Injury:	08/28/2014
Decision Date:	11/13/2015	UR Denial Date:	08/26/2015
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

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 59 year old male who sustained an industrial injury on 8-28-14. The injured worker reported low back pain and muscles spasms with lower extremity radiation. A review of the medical records indicates that the injured worker is undergoing treatments for low back pain, lower extremity radiculitis and rule out lumbar disc displacement herniated nucleus pulposus. Medical records dated 7-28-15 indicate pain rated at 2 to 3 out of 10. Provider documentation dated 7-28-15 noted the work status as temporary totally disabled. Treatment has included radiographic studies, magnetic resonance imaging, physical therapy, acupuncture treatment, medication management. Objective findings dated 7-28-15 were notable for tenderness to palpation to the lumbar paraspinal muscles with decreased lumbar spine range of motion. The original utilization review (8-26-15) denied a request for Chiropractic manipulation 3 times a week for 6 weeks for the lumbar spine and Physical therapy 3 times week for 6 weeks for the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic manipulation 3 x week x 6 weeks for the lumbar spine: 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 was injured on 08/28/14 and presents with radicular low back pain and muscle spasms. The request is for CHIROPRACTIC MANIPULATION 3 X WEEK X 6 WEEKS FOR THE LUMBAR SPINE. The RFA is dated 07/28/15 and the patient is on temporary total disability. The patient has had prior chiropractic care. MTUS Guidelines, Manual Therapy & Manipulation, pages 58-59 allow up to 18 sessions of treatment following initial trial of 3 to 6 if functional improvements can be documented. The patient has a limited lumbar spine range of motion and tenderness to palpation at the lumbar paraspinal muscles. He is diagnosed with low back pain, radiculitis of the lower extremity, and r/o lumbar disc displacement HNP. Treatment to date has included radiographic studies, magnetic resonance imaging, physical therapy, acupuncture treatment, medication management. The 05/26/15 report states that the patient is to continue chiropractic sessions for the lumbar spine. The reason for the request is not provided. MTUS guidelines allow up to 18 sessions of treatment following initial trial of 3-6 sessions. There is no indication of how these prior chiropractic sessions impacted the patient's pain and function, when the patient had these sessions, or how many sessions the patient had in total. Given the absence of documentation of functional improvement as defined and required by MTUS Guidelines, additional sessions of chiropractic care cannot be reasonably warranted as the medical necessity. The request IS NOT medically necessary.

Physical therapy 3 x week x 6 weeks for the lumbar spine: 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 was injured on 08/28/14 and presents with radicular low back pain and muscle spasms. The request is for PHYSICAL THERAPY 3 X WEEK X 6 WEEKS FOR THE LUMBAR SPINE. The RFA is dated 07/28/15 and the patient is on temporary total disability. The patient has had prior physical therapy. MTUS Guidelines, Physical Medicine, pages 98 and 99 have the following: Physical medicine: Recommended as an indicated below. Allow for fading of treatments frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. MTUS Guidelines pages 98 and 99 state that for myalgia, myositis, 9 to 10 visits are recommended over 8 weeks, and for neuralgia, neuritis, and radiculitis, 8 to 10 visits are recommended. The patient has a limited lumbar spine range of motion and tenderness to palpation at the lumbar paraspinal muscles. He is diagnosed with low back pain, radiculitis of the lower extremity, and r/o lumbar disc displacement HNP. Treatment to date has included radiographic studies, magnetic resonance imaging, physical therapy, acupuncture treatment, medication management. The reason for the request is not provided and the patient has not had any recent surgeries. It appears that the patient has had prior physical

therapy sessions; however, there is no indication of how these sessions impacted the patient's pain and function, when these sessions occurred, or how many sessions the patient had in total. Given the absence of documentation of functional improvement as defined and required by MTUS Guidelines, additional sessions of physical therapy cannot be reasonably warranted as the medical necessity. Furthermore, the requested 18 sessions of physical therapy exceeds what is recommended by MTUS guidelines. The request IS NOT medically necessary.