

<b>Case Number:</b>	CM15-0189751		
<b>Date Assigned:</b>	10/01/2015	<b>Date of Injury:</b>	03/16/2014
<b>Decision Date:</b>	11/16/2015	<b>UR Denial Date:</b>	08/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/25/2015

### 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 27 year old male who sustained an industrial injury on March 16, 2014. Recent pain management visit dated August 04, 2015 reported subjective complaint of "low back pain." He was initially diagnosed with a lumbar strain and referred for physical therapy and prescribed Relafen, Norflex, and Tramadol. There was also noted discussion regarding previous request for chiropractic care with patient stating "he has not received chiropractic treatment." He is currently complaining of "continued low back pain with intermittent tingling in his medial right thigh." He states "that the pain has increased since his last visit." He also reports "aching pain in his right knee when his back pain is more severe." He is also with middle back pain. Currently not taking any pain medication and states "uses marijuana for pain, but does not have a medical marijuana card." MRI results from study done July 02, 2015 showed lumbar spine with: L5-S1 annular tearing centered involving the left paracentral zone associated with left paracentral disc protrusion and overall mild narrowing of central canal and no significant stenosis; thoracic spine showed: unremarkable study. The following diagnoses were applied to this visit: sprain and strain thoracic region; sprain and strain lumbar region; pain psychogenic NEC, and lumbar disc displacement without myelopathy. The plan of care is with recommendation for: both chiropractic and physical therapy session treating thoracic and lumbar spine. On August 18, 2015 a request was made for 12 physical therapy sessions treating the thoracic and lumbar spine that was denied, noncertified by Utilization Review on August 25, 2015.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Chiropractic Treatment x 12 Sessions for Thoracic and 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 medical records indicate the patient has ongoing complaints of low back pain with associated tingling in the right thigh. The current request for consideration is chiropractic x 12 sessions for thoracic and lumbar spine. The attending physician feels that the combination of physical therapy and chiropractic may improve his symptoms and allow him to continue working full time. Chiropractic manipulation is recommended for chronic pain if caused by musculoskeletal conditions. Manual Therapy is widely used in the treatment of musculoskeletal pain. The intended goal or effect of Manual Medicine is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. Manipulation is manual therapy that moves a joint beyond the physiologic range-of-motion but not beyond the anatomic range-of-motion. Low back: Recommended as an option. Therapeutic care, Trial of 6 visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks. In this case, the patient appears to be a good candidate for a trial of chiropractic manipulation. However, the MTUS guidelines recommend a trial of 6 visits over two weeks. With evidence of objective functional improvement, up to 18 visits are recommended. The current request exceeds guideline recommendations and therefore is not considered medically necessary.

### **Physical Therapy x 12 Sessions for Thoracic and Lumbar Spine: Upheld**

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

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

**Decision rationale:** The medical records indicate the patient has ongoing complaints of low back pain with associated tingling in the right thigh. The current request for consideration is physical therapy x 12 sessions for thoracic and lumbar spine. The attending physician feels that the combination of physical therapy and chiropractic may improve his symptoms and allow him to continue working full time. CA MTUS does recommend physical therapy for chronic musculoskeletal pain at a decreasing frequency with transition into independent home-based exercise program. The CA MTUS guidelines recommends for Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks. In this case, the records indicate that the patient has completed previous physical therapy. The number of sessions and the functional benefit from

the physical therapy are unknown as the records do not discuss this information. While the patient may be a good candidate for additional physical therapy, the current request exceeds guideline recommendations which allow 9-10 visits over 8 weeks. As such, medical necessity is not established with respect to this request. Therefore, the request is not medically necessary.