

Case Number:	CM15-0194337		
Date Assigned:	10/08/2015	Date of Injury:	09/14/2004
Decision Date:	11/20/2015	UR Denial Date:	09/08/2015
Priority:	Standard	Application Received:	10/02/2015

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: Arizona, Texas
 Certification(s)/Specialty: Internal Medicine

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 52 year old male, who sustained an industrial injury on 9-14-2004. Medical records indicate the worker is undergoing treatment for lumbar degenerative disc disease, failed back surgery syndrome and lumbar radiculopathy. A recent progress report dated 7-16-2015, reported the injured worker complained of mid and low back pain rated 10 out of 10 and leg pain rated 10 out of 10. Physical examination revealed an antalgic gait, bending and walking with a cane and paraspinal tenderness with "decreased lumbar range of motion." Treatment to date has included an unknown number of physical therapy visits, spinal cord stimulator and medication management. The physician is requesting 12 sessions of physical therapy to thoracic & lumbar spine and 12 sessions of chiropractic care for thoracic & lumbar spine. On 9-4-2015, the Utilization Review noncertified the request for 12 sessions of physical therapy to thoracic & lumbar spine and 12 sessions of chiropractic care for thoracic & lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 sessions of physical therapy to thoracic & lumbar spine: Upheld

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

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

Decision rationale: According to the MTUS, passive therapy can provide short term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation and swelling and to improve the rate of healing soft tissue injuries. Active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. The use of active treatment modalities instead of passive treatments is associated with substantially better clinical outcomes. Physical Medicine Guidelines state that it should be allowed for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. In this case, the patient has previously participated in Physical therapy and should be able to participate in a home exercise program. The additional PT sessions are not medically necessary.

12 sessions of chiropractic care for thoracic & lumbar spine: Upheld

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

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

Decision rationale: According to the MTUS, manual therapy is recommended for chronic pain if caused by musculoskeletal conditions. With regards to low-back pain it is recommended as an option for a 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 has chronic back pain that has been treated previously with chiropractic treatment. The documentation does not support that the patient has had significant functional improvement after the initial chiropractic treatment. The additional treatments are not medically necessary.