

Case Number:	CM15-0197228		
Date Assigned:	10/13/2015	Date of Injury:	09/02/2014
Decision Date:	12/16/2015	UR Denial Date:	09/30/2015
Priority:	Standard	Application Received:	10/07/2015

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: Preventive Medicine, Occupational 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:

This is a 53 year old female with a date of injury on 9-2-14. A review of the medical records indicates that the injured worker is undergoing treatment for neck and back pain. Progress report dated 9-28-15 reports currently receiving physical therapy and chiropractic treatments with continued improvement. She is working full duty. She states she is now hopeful that with the two treatment modalities and ergonomic changes to work area she will continue to improve. Physical exam: cervical and thoracic paraspinal tenderness to palpation without tight muscle band, lumbar tenderness reported with trigger point, straight leg raising test is negative, sacroiliac joint tender to palpation, tender right iliolumbar and SI joint. Treatments include: medication, physical therapy, chiropractic, acupuncture, massage, cortisone and Toradol injections. Request for authorization was made for Chiropractic 1 time per week for 6 weeks for cervical spine, Chiropractic 1 time per week for thoracic spine, Chiropractic 1 time per week for lumbar spine, Physical therapy 12 visits for cervical spine, Physical therapy 12 visits thoracic spine, Physical therapy 12 visits lumbar spine. Utilization review dated 9-29-15 modified the request to certify Physical therapy 4 visits for cervical spine, 5 visits for thoracic spine and 5 visits 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 Therapy 1x6 for the cervical 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: Therapeutic physical therapy for the low back is recommended by the MTUS as an option with authorization for a trial of 6 visits over 2 weeks, with evidence of objective functional improvement, prior to authorizing more treatments with a total of up to 18 visits over 6-8 weeks. This patient has already completed 18 sessions of chiropractic therapy to the cervical spine. Additionally, there is no documentation of objective functional improvement. Chiropractic Therapy 1x6 for the cervical spine is not medically necessary.

Chiropractic Therapy 1x6 for the thoracic 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: The MTUS allows for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. Prior to full authorization, therapeutic physical therapy is authorized for trial of 6 visits over 2 weeks, with evidence of objective functional improvement prior to authorizing more treatments. This patient has completed 12 sessions of chiropractic therapy for the thoracic spine. There is no documentation of functional improvement from those previous sessions. Chiropractic Therapy 1x6 for the thoracic spine is not medically necessary.

Chiropractic Therapy 1x6 for the 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: The MTUS allows for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. Prior to full authorization, therapeutic physical therapy is authorized for trial of 6 visits over 2 weeks, with evidence of objective functional improvement prior to authorizing more treatments. The patient has already completed 12 sessions of chiropractic therapy for the lumbar spine to date. There is no documentation of functional improvement from the previous sessions. Chiropractic Therapy 1x6 for the lumbar spine is not medically necessary.

Physical therapy x12 visits for the cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Physical Therapy Guidelines.

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

Decision rationale: The MTUS allows for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. Prior to full authorization, therapeutic physical therapy is authorized for trial of 6 visits over 2 weeks, with evidence of objective functional improvement prior to authorizing more treatments. The original reviewer modified the request to 4 visits as to not exceed the number of sessions recommended by the MTUS Guidelines. Physical therapy x12 visits for the cervical spine is not medically necessary.

Physical therapy x12 visits for the thoracic spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Physical Therapy Guidelines.

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

Decision rationale: The MTUS allows for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. Prior to full authorization, therapeutic physical therapy is authorized for trial of 6 visits over 2 weeks, with evidence of objective functional improvement prior to authorizing more treatments. The original reviewer modified the request to 5 visits as to not exceed the number of sessions recommended by the MTUS Guidelines. Physical therapy x12 visits for the thoracic spine is not medically necessary.

Physical therapy x12 visits for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Physical Therapy Guidelines.

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

Decision rationale: The MTUS allows for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. Prior to full authorization, therapeutic physical therapy is authorized for trial of 6 visits over 2 weeks, with evidence of objective functional improvement prior to authorizing more treatments. The original reviewer modified the request to 5 visits as to not exceed the number of sessions recommended by the MTUS Guidelines. Physical therapy x12 visits for the lumbar spine is not medically necessary.