

<b>Case Number:</b>	CM15-0199883		
<b>Date Assigned:</b>	10/15/2015	<b>Date of Injury:</b>	04/20/2014
<b>Decision Date:</b>	12/01/2015	<b>UR Denial Date:</b>	10/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/12/2015

### 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: New York, Tennessee  
 Certification(s)/Specialty: Emergency 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 51 year old female who sustained an industrial injury on 4-20-14. Diagnoses are noted as sacroiliac sprain-strain, lumbar sprain-strain, lumbar radiculopathy, and chronic pain syndrome. Subjective complaints (9-22-15) include pain in the low back rated at 5 out of 10, made worse with walking, sitting, and change of weather. Objective findings (9-22-15) include low back with diffuse tenderness and decreased painful range of motion. Previous treatment includes chiropractic treatment (reported as very helpful), e-stim unit trial, 10 sessions of acupuncture, 24 sessions of physical therapy, home exercise, Relafen, and Motrin. The requested treatment of chiropractic treatment 2x3 (low back) was modified to 4 treatments and physical therapy 1x6 (low back) was denied on 10-2-15.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic treatment 2 times a week for 3 weeks to low back:** 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:** Manual therapy and evaluation are 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. Recommended treatment parameters are as follows: Time to produce effect 4-6 treatments, treatment may continue at 1 treatment per week for the next 6 weeks with maximum duration of 8 weeks. In this case the patient has had 6 visits of chiropractic therapy. There is no documentation of objective evidence of functional improvement. In addition the additional request of 6 visits surpasses the recommended maximum of 10 visits. The request should not be medically necessary.

**Physical therapy to low back 1 time a week for 6 weeks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Low Back Complaints 2004, Section(s): Physical Methods, and 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:** Chronic Pain Medical Treatment Guidelines state that there is no high-grade scientific evidence to support the effectiveness or ineffectiveness of passive physical modalities such as traction, heat/cold applications, massage, diathermy, TENS units, ultrasound, laser treatment, or biofeedback. They can provide short-term relief during the early phases of treatment. Active treatment is associated with better outcomes and can be managed as a home exercise program with supervision. ODG states that physical therapy is more effective in short-term follow up. Patients should be formally assessed after a "six-visit clinical trial" to see if the patient is moving in a positive direction, no direction, or a negative direction (prior to continuing with the physical therapy). When treatment duration and/or number of visits exceed the guideline, exceptional factors should be noted. Recommended number of visits for myalgia and myositis is 9-10 visits over 8 weeks; and for neuralgia, neuritis, and radiculitis is 8-10 visits over 4 weeks. In this case there is documentation of 24 prior physical therapy visits. There is no documentation of objective evidence of functional improvement. The number of prior treatments surpasses the recommended maximum of 8-10 visits. The request should not be medically necessary.