

Case Number:	CM15-0213487		
Date Assigned:	11/03/2015	Date of Injury:	01/28/2003
Decision Date:	12/15/2015	UR Denial Date:	10/01/2015
Priority:	Standard	Application Received:	10/29/2015

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, Indiana, New York
 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:

This is a 61 year old male who sustained an industrial injury on 1-28-2003. A review of the medical records indicates that the injured worker is undergoing treatment for whiplash neck injury with chronic pain. According to the progress report dated 8-20-2015, the injured worker complained of increasing neck pain and increasing low back and right leg pain. Objective findings (8-20-2015) revealed decreased range of motion of the cervical spine and lumbar spine. There was decreased sensation at right C5 and C6 and right L5. Treatment has included lumbar decompression (2013), chiropractic treatment, acupuncture and medications. The treatment plan (8-20-2015) was for cervical spine magnetic resonance imaging (MRI) to rule out nerve root compression. The original Utilization Review (UR) (10-1-2015) denied a request for 10 chiropractic and physical therapy sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic 10 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment 2007.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Manual therapy & manipulation.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, chiropractic 10 sessions are not medically necessary. Manual manipulation and therapy is that recommended for chronic pain is caused by musculoskeletal conditions. The intended goal or effective manual medicine is the achievement of positive symptomatic or objective measurable gains and functional improvement. Manipulation, therapeutic care-trial of 6 visits over two weeks. With evidence of objective functional improvement, total of up to 18 visits over 6 to 8 weeks. Elective/maintenance care is not medically necessary. In this case, the injured worker's working diagnoses are whiplash neck injury with chronic pain; that post right L4 - L5 and L5 - S1 (Illegible); and micro-foraminotomies November 2013. Date of injury is January 28, 2003. Request for authorization is September 24, 2015. There is a single progress note from the requesting provider dated August 20, 2015. Subjectively, there is an increase in neck and low back pain and right leg pain. The injured worker is status post Lumbar decompression November 2013. Objectively, there is decreased range of motion and decreased sensation in the cervical and lumbar spine. There is no clinical discussion, indication or rationale in the medical record for chiropractic treatment or physical therapy. There is a prescription dated September 15, 2015 for 10 sessions evaluation and treatment. The location for treatment is not specified. The type of treatment is not specified. There are no physical therapy progress notes in the medical record. There is no documentation demonstrating objective functional improvement from prior physical therapy. There are no chiropractic progress notes in the medical record. There is no documentation demonstrating objective functional improvement. The guidelines recommend a six visit clinical trial over two weeks. The treating provider is requesting 10 chiropractic sessions with no anatomical location. Based on the clinical information in the medical record and the peer-reviewed evidence-based guidelines, chiropractic 10 sessions are not medically necessary.

Physical therapy sessions unknown body parts: 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Physical therapy.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, physical therapy sessions unknown body part is not medically necessary. 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 negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnoses are whiplash neck injury with chronic pain; that post right L4 - L5 and L5 - S1 (Illegible); and micro-foraminotomies November 2013. Date of injury is January 28, 2003. Request for authorization is

September 24, 2015. There is a single progress note from the requesting provider dated August 20, 2015. Subjectively, there is an increase in neck and low back pain and right leg pain. The injured worker is status post Lumbar decompression November 2013. Objectively, there is decreased range of motion and decreased sensation in the cervical and lumbar spine. There is no clinical discussion, indication or rationale in the medical record for chiropractic treatment or physical therapy. There is a prescription dated September 15, 2015 for 10 sessions evaluation and treatment. The location for treatment is not specified. The type of treatment is not specified. There are no physical therapy progress notes in the medical record. There is no clinical discussion, indication or rationale for additional physical therapy. There is no documentation demonstrating objective functional improvement from prior physical therapy. There are no compelling clinical facts indicating additional physical therapy over the recommended guidelines is clinically indicated. Based on clinical information in the medical record and peer-reviewed evidence-based guidelines, physical therapy sessions unknown body part is not medically necessary.