

Case Number:	CM15-0219713		
Date Assigned:	11/12/2015	Date of Injury:	02/16/2014
Decision Date:	12/23/2015	UR Denial Date:	10/12/2015
Priority:	Standard	Application Received:	11/09/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 injured worker is a 48 year old male who reported an industrial injury on 2-16-2014. His diagnoses, and or impressions, were noted to include: lumbar myalgia and myofasciitis; acute moderate-severe lumbar neuritis-radiculitis; lumbago; lumbosacral herniated nucleus pulposus with nerve root compression, degenerative joint disease, and mild stenosis (per 2-3-14 x-ray); post-lumbar laminectomy syndrome; acute flare-up, post-surgical spine syndrome; and fatigue. No imaging studies were noted. His treatments were noted to include: lumbosacral para-median microdiscectomy (4-14-14); 8 physical therapy sessions for the lumbar spine (Jan. - Feb., 2015), with re-evaluation on 3-3-2015; medication management; and a return to modified-light work duties on 10-5-2015. The progress notes of 10-4-2015 reported complaints which included: a progressively worsening and severe, acute, flare-up of lower back pain that began at work 3 days prior after pushing-pulling pipe, and that he spent the weekend resting and using ice therapy with Ibuprofen to control the pain. The objective findings were noted to include: a score of 74% on his revised Oswestry low back pain disability questionnaire (10-4-15); mild-moderately restricted lumbar range-of-motion, with increased lower back pain on the limits of motion; positive bilateral Milgram's straight leg raise with the inability to hold > 10 seconds; positive Valsalva for increased centralized lower back discomfort; and hyper-sensitivity in the bilateral lumbar para- spinal musculature, with tenderness over the lumbosacral segments and interspaces. The physician's requests for treatment were noted to include a return for the continuing of treatment for acute flare-up, and to be afforded a course of spine specific training (spine stabilization), to re-address de-conditioning of the spinal support structures and localized weakness. The Request

for Authorization (RFA), dated 10-4-2015, was noted to include the request for acute chiropractic care; and RFA dated 9-28-2015 noted the request for post-surgical physical therapy for spinal stabilization. The Utilization Review of 10-12-2015 modified the requests for chiropractic and physical therapy, 3 x a week x 6 weeks, to 2 x a week x 3 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic treatment 3 x week x 6 weeks: 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 claimant sustained a cumulative trauma work injury with date of injury in February 2014 and underwent an L5/S1 microdiscectomy in April 2014. In January 2015 he was evaluated for physical therapy. As of 03/03/15 he had completed eight treatment sessions. There had been slight improvement. He was independently performing a home exercise program. When seen in September 2015, he was having low back pain radiating into the right lower extremity rated at 3-8/10. He was having low back and lower extremity muscle weakness and fatigue. He also had a complaint of generalized fatigue and was having difficulty sleeping. Physical examination findings included slightly slow and guarded movements. There was pain with lumbar spine range of motion. Kemp's and Milgram's tests and straight leg raising were positive. There was segmental lumbar hypersensitivity and sciatic notch and sciatic nerve tenderness. There were lumbar paraspinal muscle trigger points with tenderness bilaterally. Authorization was requested for additional imaging and further evaluations. Chiropractic care and physical therapy are being requested. Chiropractic care is recommended as an option in the treatment of chronic pain. However, guidelines recommend a trial of 6 visits over two weeks with further treatment considered if there is objective evidence of functional improvement. In this case, the number of initial treatment sessions requested is in excess of the guideline recommendation and what might be needed to determine whether continuation of treatments was needed or likely to be effective. The request is not medically necessary.

Physical therapy 3 x week x 6 weeks: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines.

Decision rationale: The claimant sustained a cumulative trauma work injury with date of injury in February 2014 and underwent an L5/S1 microdiscectomy in April 2014. In January 2015 he

was evaluated for physical therapy. As of 03/03/15 he had completed eight treatment sessions. There had been slight improvement. He was independently performing a home exercise program. When seen in September 2015, he was having low back pain radiating into the right lower extremity rated at 3-8/10. He was having low back and lower extremity muscle weakness and fatigue. He also had a complaint of generalized fatigue and was having difficulty sleeping. Physical examination findings included slightly slow and guarded movements. There was pain with lumbar spine range of motion. Kemp's and Milgram's tests and straight leg raising were positive. There was segmental lumbar hypersensitivity and sciatic notch and sciatic nerve tenderness. There were lumbar paraspinal muscle trigger points with tenderness bilaterally. Authorization was requested for additional imaging and further evaluations. Chiropractic care and physical therapy are being requested. The claimant is being treated for chronic pain with no new injury and has already had physical therapy with marginal benefit including instruction in a home exercise program. Patients are expected to continue active therapies at home. Continued compliance with a home exercise program would be expected and would not require continued skilled physical therapy oversight. In this case, the number of visits requested is in excess of that recommended or what might be needed to reestablish or revise the claimant's home exercise program. The request is not medically necessary.