

<b>Case Number:</b>	CM15-0030531		
<b>Date Assigned:</b>	02/24/2015	<b>Date of Injury:</b>	10/02/2008
<b>Decision Date:</b>	11/25/2015	<b>UR Denial Date:</b>	02/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/18/2015

### 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: Physical Medicine & Rehabilitation

### 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 57 year old female who sustained an industrial injury on 10/02/2008. Current diagnoses include lumbago, pain in thoracic spine, and cervicgia. Report provided dated 12-23-2014 noted the injured worker presented with complaints that included constant, moderate neck pain, mid back pain, and low back pain. (Pain was not quantified on this visit) Physical examination showed painful and limited cervical-thoracic-lumbar range of motion and paraspinal muscle Myospasm. Lumbar flexion improved from 60 to 75 degrees and cervical left rotation improved from 55 to 65 degrees. Previous treatments included medication management and an unknown # of visits of physical therapy and chiropractic therapy. On 12-23-2014 the Request for Authorization requested 8 physical therapy sessions and 8 chiropractic sessions. Utilization review performed on 02/06/2015 non-certified a prescription for 8 physical therapy sessions and 8 chiropractic sessions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**8 physical therapy sessions:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

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

**Decision rationale:** The patient presents with constant, moderate neck pain, mid back pain and low back pain. The request is for 8 PHYSICAL THERAPY SESSIONS. The request for authorization is dated 12/23/14. Patient's diagnoses include lumbago; pain in thoracic spine; cervicalgia. Physical examination reveals painful and limited range of motion of the cervical, thoracic, and lumbar spine. Digital palpation of the cervical and thoracolumbar paraspinal muscles detects Myospasm. Positive Kemp's test bilaterally. Patient performs double leg raise with pain. Per progress report dated 12/08/14, the patient is P&S. MTUS, Physical Medicine Section, pages 98, 99 states: "Recommended as indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." MTUS guidelines pages 98, 99 states that for "Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended." Treater does not discuss the request. The patient continues with neck and back pain. Given the patient's condition, a short course of physical therapy would appear to be indicated. However, per UR letter dated 02/07/15, reviewer states, "The patient has received 15 sessions of therapy over the past calendar year to treat multiple flare-ups. In this case, the request for 8 additional sessions of Physical Therapy would exceed what is recommended by MTUS for non post-op conditions. Therefore, the request IS NOT medically necessary.

**8 Chiropractic sessions with modalities:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

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

**Decision rationale:** The patient presents with constant, moderate neck pain, mid back pain and low back pain. The request is for 8 CHIROPRACTIC SESSIONS WITH MODALITIES. The request for authorization is dated 12/23/14. Patient's diagnoses include lumbago; pain in thoracic spine; cervicalgia. Physical examination reveals painful and limited range of motion of the cervical, thoracic, and lumbar spine. Digital palpation of the cervical and thoracolumbar paraspinal muscles detects myospasm. Positive Kemp's test bilaterally. Patient performs double leg raise with pain. Per progress report dated 12/08/14, the patient is P&S. MTUS Guidelines, pages 58-59, CHRONIC PAIN MEDICAL TREATMENT GUIDELINES: Manual therapy & manipulation recommends an optional trial of 6 visits over 2 weeks with evidence of objective functional improvement total of up to 18 visits over 6 to 8 weeks. For recurrences/flare-ups, reevaluate treatment success and if return to work is achieved, then 1 to 2 visits every 4 to 6 months. MTUS page 8 also requires that the treater monitor the treatment progress to determine appropriate course of treatments. Treater does not discuss the request. In this case, the patient continues with neck and back pain. Given the patient's condition, a short course of chiropractic treatment would be appropriate. Review of medical records show one Chiropractic treatment visit provided for review. However, MTUS allows a trial of 6 visits over 2 weeks with evidence of objective functional improvement. However, the request for 8 sessions of Chiropractic sessions exceed what is allowed by MTUS. Therefore, the request IS NOT medically necessary.