

Case Number:	CM15-0037809		
Date Assigned:	03/06/2015	Date of Injury:	06/13/2009
Decision Date:	04/20/2015	UR Denial Date:	01/29/2015
Priority:	Standard	Application Received:	02/27/2015

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:

This 47-year-old female reported a work-related injury on 06/13/2009. According to the Visit Note dated 1/8/15, the injured worker (IW) reports pain in the back radiating down the left lower extremity and right ankle pain. The IW was diagnosed with lumbar disc displacement without myelopathy and long-term use meds, NEC. Previous treatments include medications, epidural steroid injections, physical therapy, home exercise program and bracing. The Utilization Review (UR) on 01/29/2015 non-certified the requested services/treatments.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic x 6: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Manipulations Page(s): 58.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58-59.

Decision rationale: This patient has a date of injury of 06/13/2009 and presents with chronic low back pain and right ankle pain. The pain radiates from her low back into the left lower extremity. The current request is for chiropractic x8. Regarding Chiropractic, MTUS Manual Therapy and Manipulation guidelines pages 58, 59 state that treatment is "recommended for chronic pain if caused by musculoskeletal conditions. Ankle & Foot: Not recommended. Carpal tunnel syndrome: Not recommended. Forearm, Wrist, & Hand: Not recommended. Knee: Not recommended." MTUS 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. For manual therapy, the MTUS guidelines on page 59 states, "Delphi recommendations in effect incorporate two trials, with a total of up to 12 trial visits with a re-evaluation in the middle, before also continuing up to 12 more visits (for a total of up to 24)." The Utilization Review denied the request for chiropractic treatment stating that "the request is for patient's acute sciatica, however no objective findings have been presented to support the diagnosis of nerve compromise." There is no indication of any recent chiropractic treatment. The treating physician states that the patient has an exacerbation of low back pain and is requesting a course of 8 sessions. Given the patient's flare-up and lack of documentation of any recent chiropractic care, the request IS medically necessary.

Physical Therapy x 6: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98 and 99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99.

Decision rationale: This patient has a date of injury of 06/13/2009 and presents with chronic low back and right ankle pain. The current request is for physical therapy x6. For physical medicine, the MTUS Guidelines page 98 and 99 recommends for myalgia, myositis, and neuritis type symptoms, 9 to 10 sessions over 8 weeks. There are no physical therapy reports provided for review. The number of completed treatments to date and the objective response to physical therapy are not provided in the medical reports. The Utilization Review denied the request stating that documentation contains no evaluation of the previously attended physical therapy for the right ankle and without the evaluation of prior treatment efficacy; additional treatment is not supported by guidelines. There is no indication of any recent formalized physical therapy. The treating physician has stated that the patient has a flare-up in symptoms and is requesting a short course of formalized physical therapy. It was noted that the patient was participating in a home exercise program thus far. In this case, given the patient's flare-up and lack of documentation of any recent formalized physical therapy, a short course of 6 sessions IS medically necessary.