

Case Number:	CM15-0051476		
Date Assigned:	04/08/2015	Date of Injury:	06/13/2011
Decision Date:	05/06/2015	UR Denial Date:	02/18/2015
Priority:	Standard	Application Received:	03/18/2015

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: Texas, California
 Certification(s)/Specialty: Family Practice

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 47 year old male patient, who sustained an industrial injury on 6/13/2011. He reported pain in his lower back, his shoulders and his left arm; later that night he also experienced pain down his right leg. Diagnoses have included status post lumbar spine microdiscectomy, laminectomy and decompression at L4/L5 and L5/S1. According to the progress report dated 12/10/2014, he had complained of constant severe pain in the low back with stiffness. He had complained of pain radiating to both legs with numbness and tingling to the ankle levels. He reported increased pain with sitting and standing over ten minutes. Physical examination revealed ambulated with a cane with an antalgic gait over the right; lumbar spine tenderness, spasm, range of motion flexion 30 and extension 5 degrees; positive straight leg raising bilaterally. The medications list includes norco, flexeril, tramadol, ativan and ibuprofen. He has undergone lumbar spine microdiscectomy, laminectomy and decompression at L4/L5 and L5/S1 on 9/27/2012. He has had lumbar MRI dated 7/13/11 which revealed disc bulges at L4-5 and L5-S1; electrodiagnostic studies which revealed bilateral carpal tunnel syndrome and mild chronic L5 radiculopathy bilaterally. He has had physical therapy for this injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 1 times 6 for the low back: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98 of 127.

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

Decision rationale: Request: Physical therapy 1 times 6 for the low back. The cited guidelines recommend up to 9-10 physical therapy visits for this diagnosis. Per the records provided, patient has had unspecified numbers of physical therapy visits for this injury. There is no evidence of significant progressive functional improvement from the previous physical therapy visits that is documented in the records provided. Previous physical therapy notes are not specified in the records provided. Per the cited guidelines, "Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels." A valid rationale as to why remaining rehabilitation cannot be accomplished in the context of an independent exercise program is not specified in the records provided. Physical therapy 1 times 6 for the low back is not medically necessary for this patient at this time.

Chiropractic treatment 1 times 6 for low back: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98 of 127.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58-60,

Decision rationale: Request: Chiropractic treatment 1 times 6 for low back. Per the cited guidelines regarding chiropractic treatment "Elective/maintenance care Not medically necessary." "One of the goals of any treatment plan should be to reduce the frequency of treatments to the point where maximum therapeutic benefit continues to be achieved while encouraging more active self-therapy, such as independent strengthening and range of motion exercises, and rehabilitative exercises. Patients also need to be encouraged to return to usual activity levels despite residual pain, as well as to avoid catastrophizing and overdependence on physicians, including doctors of chiropractic." Response to previous conservative therapy including physical therapy visits is not specified in the records provided. Previous conservative therapy notes are not specified in the records provided. A valid rationale as to why remaining rehabilitation cannot be accomplished in the context of an independent exercise program is not specified in the records provided. Chiropractic treatment 1 times 6 for low back is not medically necessary for this patient.