

Case Number:	CM15-0059990		
Date Assigned:	04/06/2015	Date of Injury:	03/18/2013
Decision Date:	05/21/2015	UR Denial Date:	03/19/2015
Priority:	Standard	Application Received:	03/30/2015

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:

The injured worker is a 29-year-old female patient who sustained an industrial injury on 03/18/2013. She did undergo electrodiagnostic nerve conduction testing. The patient has been temporarily totally disabled from 03/02/15/ through 04/06/2015. She is diagnosed with pain in joint, lower leg; non-traumatic rupture of tendon; other symptoms referable to back; pain in thoracic spine; other tenosynovitis of hand/wrist; spasm of muscle, and unspecified myalgia and myositis. Her initial complaints were of upper, and lower back pain. A primary treating office visit dated 01/19/2015 reported subjective complaints of left knee, bilateral back, bilateral wrists, and bilateral mid-back pains. There is also radiating pain into bilateral back, buttocks, and lower extremities. The plan of care involved: low back manipulation therapy, gym rehabilitation, and follow up in one month.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 outpatient therapy to the mid-back and lower back, "3-4 areas" 2x3 weeks, to include myofascial release, spinal manipulation, and therapeutic exercises: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58-59. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Section, Chiropractic.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, 6 outpatient therapy sessions to the mid back and low back "3-4 areas", 2x3 weeks, to include myofascial release, spinal manipulation, and therapeutic exercises are not medically necessary. Manual manipulation and therapy is 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 pain joint, lower leg; non-traumatic rupture of other tendon; pain or thoracic spine; other tenosynovitis hand and wrist; spasm of muscle; unspecified myalgia and myositis. There are no physician progress notes in the medical record. The medical record contains EMGs, a disability certificate and multiple utilization reviews. Documentation showed the treating provider treatment plan (no date) included lower back manipulation therapy two times per week for three weeks that included myofascial release, spinal manipulation and therapeutic exercises. The injured worker stated chiropractic treatment helped her by 70%. There is no documentation medical record indicating objective functional improvement. There were no chiropractic treatment notes in the medical record. Consequently, absent clinical documentation with objective functional improvement of prior therapy sessions, 6 outpatient therapy sessions to the mid back and low back "3-4 areas", 2x3 weeks, to include myofascial release, spinal manipulation, and therapeutic exercises are not medically necessary.