MAXIMUS Federal Services

Case Number:	CM15-0083604		
Date Assigned:	05/29/2015	Date of Injury:	03/31/2006
Decision Date:	07/03/2015	UR Denial Date:	04/08/2015
Priority:	Standard	Application Received:	05/01/2015

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 37-year-old female who sustained an industrial injury on 3/31/06, which started in 2003 when she was moving items she developed pain in her low back. She was medically evaluated and x-rays were done, she was given medication, acupuncture, MRI of the lumbar spine and returned to modified duty. She then underwent lumbar epidural steroid injections with good relief, had yearly MRI scans followed by lumbar spine surgery with minimal pain relief and had subsequent physical therapy. She currently complains of constant, burning radicular neck pain and muscle spasms (6/10), residual back pain radiating to the lower extremities with numbness and tingling (8/10). On physical exam of the cervical spine, there was tenderness on palpation at the paraspinal, trapezius and scalene muscles with decreased range of motion; on exam of the lumbar spine there was tenderness on palpation at the bilateral posterior superior iliac spine, greater on the left and at the lumbar paraspinal muscles with decreased range of motion. She currently has difficulty with activities of daily living including self-care, household chores and driving. She is experiencing sleep difficulties. Medications are trazadone, Prozac, hydrocodone and Tylenol. Diagnoses include major depressive disorder; post-traumatic stress disorder; diabetes; rheumatoid arthritis; lumbar laminectomy (2006) with residual pain; lumbar disc herniation; lumbar radiculopathy; cervicalgia. Treatments to date include psychotherapy; acupuncture; physical therapy; medications. Diagnostics include x-rays, MRI of the lumbar spine (11/26/13) showing disc protrusions and extrusions throughout the mid to lower lumbar spine; electromyography of the lower extremities. In the progress note, dated 3/17/15, the

treating provider's plan of care includes requests for physical therapy and chiropractic therapy for the affected body parts three times per week for six weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

18 Physical therapy visits for the cervical spine: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The patient presents with radicular neck pain rated 6/10 and lower back pain radiating to lower extremities rated 8/10. The request is for 18 PHYSICAL THERAPY VISIT FOR THE CERVICAL SPINE. The request for authorization is dated 03/17/15. The patient is status-post lumbar spine laminectomy, 2006. MRI of the lumbar spine, 11/26/13, shows disc protrusions and extrusions are seen throughout the mid to lower lumbar spine, measuring approximately 3-5mm in diameter. Physical examination of the cervical spine reveals tenderness to palpation at the paraspinal, trapezius and scalene muscles. There is a trigger point noted at the right levator scapula. Range of motion is decreased. Exam of lumbar spine reveals a well- healed incision on the midline lumbar spine. Tenderness to palpation at the bilateral PSISs, greater on the left, and at the lumbar paraspinal muscles. Range of motion is decreased. Tripod Sign and Flip-Test are positive, bilaterally. The patient states that the symptoms persist but the medications do offer her temporary relief of pain and improve her ability to have restful sleep. Patient's medications include Synapryn, Tabradol, Deprizine, Dicopanol and Fanatrex. Per progress report dated 04/29/15, the patient is temporarily totally disabled. MTUS Chronic Pain Management Guidelines, pages 98, 99 has the following: "Physical Medicine: 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. Physical therapy treatment history or reports are not provided. In this case, given the patient's condition, a short course of physical therapy would be indicated. However, the treater does not discuss any flare-ups, explain why on-going therapy is needed, or reason the patient is unable to transition into a home exercise program. Furthermore, the request for 18 sessions of physical therapy would exceed what is recommended by MTUS for non-post-op conditions. Therefore, the request IS NOT medically necessary.

18 Physical therapy visit for the lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The patient presents with radicular neck pain rated 6/10 and lower back pain radiating to lower extremities rated 8/10. The request is for 18 PHYSICAL THERAPY VISIT FOR THE LUMBAR SPINE. The request for authorization is dated 03/17/15. The patient is status-post lumbar spine laminectomy, 2006. MRI of the lumbar spine, 11/26/13, shows disc protrusions and extrusions are seen throughout the mid to lower lumbar spine, measuring approximately 3-5mm in diameter. Physical examination of the cervical spine reveals tenderness to palpation at the paraspinal, trapezius and scalene muscles. There is a trigger point noted at the right levator scapula. Range of motion is decreased. Exam of lumbar spine reveals a well- healed incision on the midline lumbar spine. Tenderness to palpation at the bilateral PSISs, greater on the left, and at the lumbar paraspinal muscles. Range of motion is decreased. Tripod Sign and Flip-Test are positive, bilaterally. The patient states that the symptoms persist but the medications do offer her temporary relief of pain and improve her ability to have restful sleep. Patient's medications include Synapryn, Tabradol, Deprizine, Dicopanol and Fanatrex. Per progress report dated 04/29/15, the patient is temporarily totally disabled. MTUS Chronic Pain Management Guidelines, pages 98, 99 has the following: "Physical Medicine: 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. Physical therapy treatment history or reports are not provided. In this case, given the patient's condition, a short course of physical therapy would be indicated. However, the treater does not discuss any flare-ups, explain why on-going therapy is needed, or reason the patient is unable to transition into a home exercise program. Furthermore, the request for 18 sessions of physical therapy would exceed what is recommended by MTUS for non-post-op conditions. Therefore, the request IS NOT medically necessary.

18 Chiropractic visits for the cervical spine: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy Pain Outcomes and Endpoints Page(s): 58-59, 8-9.

Decision rationale: The patient presents with radicular neck pain rated 6/10 and lower back pain radiating to lower extremities rated 8/10. The request is for 18 CHIROPRACTIC VISITS FOR THE CERVICAL SPINE. The request for authorization is dated 03/17/15. The patient is status- post lumbar spine laminectomy, 2006. MRI of the lumbar spine, 11/26/13, shows disc protrusions and extrusions are seen throughout the mid to lower lumbar spine, measuring approximately 3-5mm in diameter. Physical examination of the cervical spine reveals tenderness to palpation at the paraspinal, trapezius and scalene muscles. There is a trigger point noted at the right levator scapula. Range of motion is decreased. Exam of lumbar spine reveals a well-healed incision on the midline lumbar spine. Tenderness to palpation at the bilateral PSISs,

greater on the left, and at the lumbar paraspinal muscles. Range of motion is decreased. Tripod Sign and Flip-Test are positive, bilaterally. The patient states that the symptoms persist but the medications do offer her temporary relief of pain and improve her ability to have restful sleep. Patient's medications include Synapryn, Tabradol, Deprizine, Dicopanol and Fanatrex. Per progress report dated 04/29/15, the patient is temporarily totally disabled. 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)." Treater does not discuss the request. Per progress report dated 10/14/14, treater states, "Proceed with acupuncture and chiropractic therapies as authorized." In this case, the chiropractic treatment history or reports are not provided. Given patient's current condition, guidelines would allow for additional treatments. However, MTUS requires evidence of objective functional improvement. The treater does not provide discussion of objective functional improvement, decrease in pain and improvement of quality of life. Therefore, the request IS NOT medically necessary.

18 Chiropractic visits for the lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy Pain Outcomes and Endpoints Page(s): 58-59, 8-9.

Decision rationale: The patient presents with radicular neck pain rated 6/10 and lower back pain radiating to lower extremities rated 8/10. The request is for 18 CHIROPRACTIC VISITS FOR THE LUMBAR SPINE. The request for authorization is dated 03/17/15. The patient is status-post lumbar spine laminectomy, 2006. MRI of the lumbar spine, 11/26/13, shows disc protrusions and extrusions are seen throughout the mid to lower lumbar spine, measuring approximately 3-5mm in diameter. Physical examination of the cervical spine reveals tenderness to palpation at the paraspinal, trapezius and scalene muscles. There is a trigger point noted at the right levator scapula. Range of motion is decreased. Exam of lumbar spine reveals a well- healed incision on the midline lumbar spine. Tenderness to palpation at the bilateral PSISs, greater on the left, and at the lumbar paraspinal muscles. Range of motion is decreased. Tripod Sign and Flip-Test are positive, bilaterally. The patient states that the symptoms persist but the medications do offer her temporary relief of pain and improve her ability to have restful sleep. Patient's medications include Synapryn, Tabradol, Deprizine, Dicopanol and Fanatrex. Per progress report dated 04/29/15, the patient is temporarily totally disabled. 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)." Treater does not discuss the request. Per progress report dated 10/14/14, treater states, "Proceed with acupuncture and chiropractic therapies as authorized." In this case, the chiropractic treatment history or reports are not provided. Given patient's current condition, guidelines would allow for additional treatments. However, MTUS requires evidence of objective functional improvement. The treater does not provide discussion of objective functional improvement, decrease in pain and improvement of quality of life. Therefore, the request IS NOT medically necessary.