MAXIMUS Federal Services

Case Number:	CM15-0084175		
Date Assigned:	05/06/2015	Date of Injury:	12/31/2013
Decision Date:	06/04/2015	UR Denial Date:	04/28/2015
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 48 year old female who sustained an industrial injury on December 31, 2013. She has reported low back pain and has been diagnosed with lumbar disc herniations, lumbar facet arthropathy, and lumbar radiculopathy. Treatment has included chiropractic care, physical therapy, a home exercise program, and medications. She is having some increased pain in her right leg with burning and aching pain that radiated down her right leg down to her foot. In regards to the low back the injured worker reports aching and stabbing pain at a 5/10 on the pain scale. There was tenderness to palpation of the lower lumbar facet regions, left greater than the right. MRI of the lumbar spine dated February 12, 2014 revealed at L4-5 broad based midline disc protrusion of 4 mm. Associated partial thickness annular tear effacing the surface of the thecal sac. Mild narrowing of the ap dimension of the central canal. At L5-S1 posterior disc bulge of 4 mm concentrically effaces the surface of the thecal sac without neither canal nor foraminal stenosis. The treatment request included additional chiropractic/physiotherapy 2 times a week x 6 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional chiropractic/physiotherapy two times six to low back: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and Manipulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chiropractic Care, Manual Therapy & Manipulation, Treatment, Pages 58-60; Physical Therapy, pages 98-99.

Decision rationale: MTUS Guidelines supports chiropractic manipulation/ physiotherapy for musculoskeletal injury. The intended goal is the achievement of positive musculoskeletal conditions via positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. From records review, it is unclear how many sessions have been completed. Per medicals reviewed, the patient has received a significant quantity of chiropractic physiotherapy sessions for the chronic symptom complaints without demonstrated functional improvement from treatment already rendered including milestones of increased ROM, strength, and functional capacity. There is no evidence documenting functional baseline with clear goals to be reached and the patient striving to reach those goals. The Chronic Pain Guidelines allow for visits of chiropractic / physiotherapy with fading of treatment to an independent self-directed home program. It appears the employee has received significant therapy sessions without demonstrated evidence of functional improvement to allow for additional therapy treatments. There is no report of acute flare-up, new injuries, or change in symptom or clinical findings to support for formal PT in a patient that has been instructed on a home exercise program for this chronic injury. Submitted reports have not adequately demonstrated the indication to support further chiropractic physiotherapy when prior treatment rendered has not resulted in any functional benefit. The Additional chiropractic/physiotherapy two times six to low back is not medically necessary and appropriate.