

Case Number:	CM14-0149510		
Date Assigned:	09/18/2014	Date of Injury:	08/22/2012
Decision Date:	10/17/2014	UR Denial Date:	08/21/2014
Priority:	Standard	Application Received:	09/15/2014

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. The expert reviewer is Board Certified in Occupational Medicine, has a subspecialty in Family Practice and is licensed to practice in Ohio. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 45-year-old male whose date of injury was 8-22-2012. His complained of neck and back pain without radiation. His diagnoses include herniated cervical disc, cervical spinal stenosis, herniated lumbar discs, and lumbar facet syndrome. His physical exam has revealed diminished lumbar and cervical ranges of motion with tenderness to palpation of the musculature of the lumbar and cervical spinal regions. Physical therapy and chiropractic sessions were ordered in May 2014. A previous utilization review physician notes that six sessions of each have been completed. Only one note from each specialty is included for review. The injured worker was placed on modified work duties on May 12, 2014 and continued on modified restrictions as of 8-22-2014. Notes from the treating physician from June and August 2014 state that there has been improvement was chiropractic care and physical therapy. A physical exam note from August 2014 notes increased range of motion of an unspecified body part.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2x6 For A Total Of 12 Sessions To Cervical/Lumbar: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), ODG Preface, Physical Therapy Guidelines. Pain, Functional Improvement Measures

Decision rationale: Functional improvement measures should be used over the course of treatment to demonstrate progress in return to functionality, and to justify further use of ongoing treatment methods. They should include the following categories: Work Functions and/or Activities of Daily Living, Self-Report of Disability (e.g., walking, driving, keyboard or lifting tolerance, Oswestry, pain scales, return-to-work, etc.) Physical Impairments (e.g., joint Range of Motion (ROM) reported in degrees, muscle flexibility, strength, or endurance deficits) Approach to Self-Care and Education (e.g., reduced reliance on other treatments, modalities, or medications, such as reduced use of painkillers). There are a number of overall physical therapy philosophies that may not be specifically mentioned within each guideline: (1) As time goes by, one should see an increase in the active regimen of care, a decrease in the passive regimen of care, and a fading of treatment frequency; (2) The exclusive use of "passive care" (e.g., palliative modalities) is not recommended; (3) Home programs should be initiated with the first therapy session and must include ongoing assessments of compliance as well as upgrades to the program; (4) Use of self-directed home therapy will facilitate the fading of treatment frequency, from several visits per week at the initiation of therapy to much less towards the end; (5) Patients should be formally assessed after a "six-visit clinical trial" to see if the patient is moving in a positive direction, no direction, or a negative direction (prior to continuing with the physical therapy); & (6) When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. In this instance, there is only one note available from physical therapy and hence a formal reassessment after a six visit trial was not available for review. Functionally, the injured worker continues to have work restrictions that appear to be unchanged from the time before physical therapy was initiated. While there is one note the treating physician that states there has been increased range of motion, the note does not appear to specify a particular body region or degrees of range of motion improvement. Therefore, additional physical therapy, 2x6, for a total of 12 sessions to cervical/lumbar regions is not medically necessary.

Chiropractic Services With Modalities And Exercises 2x6 For A Total Of 12 Sessions To Cervical/Luimbar: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation Page(s): 58.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck, Upper and Lower Back Sections, Manipulation.

Decision rationale: Chiropractic care is recommended for the low back as an option. A trial of six visits over two weeks, with evidence of objective functional improvement, for a total of up to 18 visits over 6-8 weeks is the suggested allotment. Similar recommendations exist for musculoskeletal and radicular neck pain. In this instance, functional improvement as a result of a

six visit trial of chiropractic care is not documented in the available patient records as evidenced by no change in work status, activities of daily living, or reliance on pain medication.