

Case Number:	CM14-0168793		
Date Assigned:	10/16/2014	Date of Injury:	06/30/2010
Decision Date:	11/18/2014	UR Denial Date:	10/01/2014
Priority:	Standard	Application Received:	10/13/2014

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 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 54-year-old male with a date of injury of June 30, 2010. He complains of low back pain radiating to the left and right lower extremities and into the big toe on the right side. He also complains of pain and swelling of the left knee. He had left knee arthroplasty 5-14-2013. The physical exam of the left knee reveals flexion to 120 and extension to 0 . McMurray's sign and anterior and posterior drawer tests are negative. The lumbar spine reveals spasm and diminished range of motion. The lower extremity neurologic exam is normal. The diagnoses include lumbar radiculitis, lumbar degenerative disc disease with spinal stenosis, low back pain, right knee degenerative joint disease, and left knee degenerative joint disease and internal derangement. The injured worker has been treated with Celebrex and Ultram ER for pain. The record reflects that he has completed 12 physical therapy sessions recently for the lumbar spine and left knee although actual notes from physical therapy have not been included for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic treatment 2 times 6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation.

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

Decision rationale: Medical evidence shows good outcomes from the use of manipulation in acute low back pain without radiculopathy (but also not necessarily any better than outcomes from other recommended treatments). If manipulation has not resulted in functional improvement in the first one or two weeks, it should be stopped and the patient reevaluated. For patients with chronic low back pain, manipulation may be safe and outcomes may be good, but the studies are not quite as convincing. While not proven by multiple high quality studies, a trial of manipulation for patients with radiculopathy may also be an option, when radiculopathy is not progressive, and studies support its safety. As with any conservative intervention in the absence of definitive high quality evidence, careful attention to patient response to treatment is critical. ODG Chiropractic Guidelines: Therapeutic care -Mild: up to 6 visits over 2 weeks Severe: Trial of 6 visits over 2 weeks Severe: With evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks, if acute, avoid chronicity Elective/maintenance care - Not medically necessary In this instance, the quantity of chiropractic visits requested is 12 visits over a two-week period of time. The guidelines are fairly clear in that a trial of six chiropractic visits over a two-week period of time with a reassessment is required before allowing for additional chiropractic visits. Even for cases of severe back pain with or without radiculopathy, the requirement for a six visit trial still exists. Therefore, chiropractic visits twice weekly for six weeks is not medically necessary per the referenced guidelines.

Physiotherapy 2 times 6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

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

Decision rationale: Physical therapy for low back pain is recommended by the Official Disability Guidelines. There is strong evidence that physical methods, including exercise and return to normal activities, have the best long-term outcome in employees with low back pain. Direction from physical and occupational therapy providers can play a role in this, with the evidence supporting active therapy and not extensive use of passive modalities. The most effective strategy may be delivering individually designed exercise programs in a supervised format (for example, home exercises with regular therapist follow-up), encouraging adherence to achieve high dosage, and stretching and muscle-strengthening exercises seem to be the most effective types of exercises for treating chronic low back pain. Studies also suggest benefit from early use of aggressive physical therapy ("sports medicine model"), training in exercises for home use, and a functional restoration program, including intensive physical training, occupational therapy, and psychological support. The guidelines suggest physical therapy visits in quantities and durations based on diagnosis: For lumbar sprains and strains, 10 visits over eight weeks. For intervertebral disc disorders with or without myelopathy, 10 visits over weeks. For

spinal stenosis, 10 visits over eight weeks. In this instance, it appears that the injured worker has had 12 visits of physical therapy with regard to the lumbosacral spine relatively recently. The evidence for such comes in the form of submitted HCFA billing statements from July 2014. There appears to be a request for additional physical therapy. There are no submitted physical therapy notes to see what kind of progress the injured worker may have had as a consequence of physical therapy already provided. Therefore, two physical therapy visits weekly for 6 weeks for the lumbar spine is not medically necessary per the referenced guidelines.