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| <b>Case Number:</b>   | CM14-0172316 |                              |            |
| <b>Date Assigned:</b> | 10/23/2014   | <b>Date of Injury:</b>       | 08/29/2006 |
| <b>Decision Date:</b> | 11/21/2014   | <b>UR Denial Date:</b>       | 10/09/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 10/17/2014 |

### 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 and is licensed to practice in California. 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:

This is a 49-year-old male with an 8/29/06 date of injury, when he injured his lower back and right lower extremity while driving. The injured worker was seen on 9/30/14 with complaints of lower back pain, sciatica pain with paresthesias and numbness in the right leg. The injured worker also complained of neck pain and migraine headaches. Exam findings revealed right foot numbness and right leg length deficiency and pain to palpation in the lumbar spine and sacrum. The reviewer's notes indicated that the injured worker accomplished 24 chiropractic sessions and that the injured worker was approved for total of 62 sessions of physical therapy. The diagnosis is thoracic and lumbar segmental dysfunction and sciatic neuritis. Treatment to date: chiropractic treatment, physical therapy, ulnar nerve release, Botox injections, lumbar epidural injection, work restrictions and medications. An adverse determination was received on 10/9/14. The request for additional 3x4 chiropractic sessions was denied for lack of functional improvements. The request for Physical Therapy x 12 sessions was modified to 6 sessions to determine any further evidence of objective functional improvement.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional Chiropractic 3 x 4:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, Chronic Pain Treatment Guidelines Manual Therapy and Manipulation.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58.

**Decision rationale:** CA MTUS states that "manipulation appears safe and effective in the first few weeks of back pain without radiculopathy." In addition, CA MTUS Chronic Pain Medical Treatment Guidelines state that with evidence of objective functional improvement with previous treatment and remaining functional deficits, a total of up to 18 visits are supported and elective/maintenance care is not medically necessary. The reviewer's notes indicated that the injured worker accomplished 24 sessions of chiropractic treatment. However, there is a lack of documentation indicating subjective and objective functional gains from the treatment. In addition, the injured worker already exceeded recommended number of chiropractic visits and there is a lack of rationale with clearly specified goals and necessity for additional chiropractic treatments. Therefore, the request for Additional Chiropractic 3 x 4 is not medically necessary.

**Physical Therapy 3 x 4, 12 sessions:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine. Decision based on Non-MTUS Citation ODG/Physical Therapy Guidelines

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

**Decision rationale:** CA MTUS stresses the importance of a time-limited treatment plan with clearly defined functional goals, frequent assessment and modification of the treatment plan based upon the patient's progress in meeting those goals, and monitoring from the treating physician regarding progress and continued benefit of treatment is paramount. The reviewer's notes indicated that the injured worker was approved for total of 62 sessions of physical therapy however the number of accomplished sessions is not clear. In addition, there is a lack of documentation indicating subjective and objective functional gains from a prior treatment. Given the injured worker's injury in 2006 it is not clear why the injured worker cannot transition into an independent home exercise program. Lastly, the UR decision dated 10/9/14 modified the request for 12 physical therapy sessions to 6 physical therapy sessions to determine functional gains. Therefore, the request for Physical Therapy 3 x 4, 12 sessions is not medically necessary.