

Case Number:	CM14-0097860		
Date Assigned:	07/28/2014	Date of Injury:	06/10/2012
Decision Date:	09/19/2014	UR Denial Date:	06/05/2014
Priority:	Standard	Application Received:	06/26/2014

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 Medicine and is licensed to practice in New Jersey. 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 worker is a 26 year old female who was injured on 6/10/2012 involving her low back. She was diagnosed with lumbar discopathy and lumbar spine radiculopathy. She was treated with physical therapy (17 sessions), chiropractic treatments (6), trigger point injections, medications, and acupuncture, but continued to experience low back pain with radiculopathy. The worker was seen by her primary treating provider (chiropractor) on 4/28/2014 complaining of her chronic low back pain with radicular pain down her legs rated at a 6-7/10 on the pain scale. On examination she was tender at the lumbar paraspinal muscles and sacroiliac joint as well as at the spinous processes from L4-S1. Straight leg raise test was positive and Kemp's test was positive on the right. The worker was then instructed on home exercises. Later, her primary provider requested she complete another 6 sessions of chiropractor treatments as well as 6 more sessions of physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy one (1) time a week for six (6) weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Physical Therapy Guidelines, Aetna Clinical Policy - Physical Therapy.

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

Decision rationale: The Chronic Pain Guidelines state that physical therapy is recommended up to 10 visits over 4 weeks for radiculitis and up to 10 visits over 8 weeks for myalgia/myositis. In the case of this worker, she had already completed more than the recommended number of supervised physical therapy sessions, and was receiving instructions in home exercises by her treating providers. However, there was no evidence to suggest that she was not able to complete her home exercises or perform them appropriately which might have warranted a few more sessions. Therefore, without evidence of this worker being the exception, the 6 sessions of physical therapy is not medically necessary.

Chiropractic Treatment one (1) time a week for six (6) weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Chiropractic Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58-60.

Decision rationale: The Chronic Pain Guidelines state that chiropractor manual therapy/manipulation is recommended for chronic pain if caused by musculoskeletal conditions. For low-back pain, it is recommended that there be a trial of 6 visits over 2 weeks initially, and up to 18 total visits over 6-8 weeks with evidence of functional improvement. Elective and maintenance care is not medically necessary or recommended by the California Medical Treatment Utilization Schedule (MTUS). In the case of this worker, she had already completed 6 sessions of chiropractic treatments prior to this request. However, no documented evidence of the worker achieving functional benefit following these treatments was found in the notes available for review. Without evidence of benefit, it is not reasonable to repeat chiropractor sessions, therefore, the 6 sessions of chiropractic treatments are not medically necessary.