MAXIMUS Federal Services

Case Number:	CM14-0098325		
Date Assigned:	07/30/2014	Date of Injury:	08/06/2001
Decision Date:	10/08/2014	UR Denial Date:	05/29/2014
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 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 68-year-old male who reported an industrial injury to the back on 8/6/2001, over 13 years ago, attributed to the performance of his usual and customary job tasks. The patient complained of lower back pain radiating to the LLE. The objective findings on examination included tenderness at the lumbar paraspinal muscles and lumbosacral junction; decreased range of motion lumbar spine; positive SLR; tenderness to palpation at the medial joint line, decreased range of motion to the knee; sensation was decreased in the bilateral lower extremities; motor strength decrease bilaterally. The diagnoses included lumbar disc displacement; lumbar radiculopathy, and internal derangement of the left knee. The treatment plan included unspecified sessions of physiotherapy and chiropractic care.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physiotherapy: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines. Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back (updated 05/12/14), Physical therapy (PT), ODG Physical Therapy Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 299-300,Chronic Pain Treatment Guidelines physical medicine Page(s): 97-98.

Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) neck and upper back chapter-PT; back chapter-PT

Decision rationale: The request is for authorization of an unspecified additional sessions of PT to the back over 13 years after the DOI, exceeds the number of sessions of PT recommended by the CA MTUS and the time period recommended for rehabilitation. The evaluation of the patient documented no objective findings on examination to support the medical necessity of physical therapy over the recommended self-directed home exercise program with documented weakness but no muscle atrophy as opposed to a self-directed HEP. There are no objective findings to support the medical necessity of additional sessions of physical therapy for the rehabilitation of the patient over the number recommended by evidence-based guidelines. The patient is noted to have had no functional improvement with recently provided sessions of PT. The patient is documented with no signs of significant weakness, no significant reduction of ROM, or muscle atrophy. There is no demonstrated medical necessity for the prescribed PT to the back 13 years after the DOI. The patient is not documented to be in HEP. There is no objective evidence provided by the provider to support the medical necessity of the requested unspecified additional sessions of PT over a self-directed home exercise program. The CA MTUS recommends ten (10) sessions of physical therapy over 8 weeks for the lumbar spine rehabilitation subsequent to lumbar/thoracic strain/sprain and lumbar spine DDD with integration into HEP. The provider did not provide any current objective findings to support the medical necessity of additional PT beyond the number recommended by evidence-based guidelines. The request for an additional unspecified number of sessions of physical therapy directed to the back is not demonstrated to be medically necessary.

Chiropractic visits: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation. Page(s): 58-59.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 153-54,Chronic Pain Treatment Guidelines Manual therapy and manipulation Page(s): 58-60. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Back chapter--Manipulation

Decision rationale: The patient is noted to be over 13 years s/p DOI with a complaint of continued low back pain that was originally attributed to the cited mechanism of injury reported on the DOI. The objective findings documented by the requesting provider do not support the medical necessity for additional chiropractic care sessions for chronic pain for the treatment of shoulder pain and back pain with the diagnosis of sprain/strain; lumbar spine DDD; and radiculopathy. The ACOEM Guidelines recommend no chiropractic care/CMT in the presence of a nerve impingement radiculopathy and do not recommend chiropractic care for chronic back pain. Chiropractic care is recommended for acute low back pain but not chronic back pain. The patient is noted to have only TTP upon examination with some diminished Range of Motion; and full strength. There are no recommendations for chiropractic care for chronic low back pain with the diagnosis of radiculopathy. The patient was provided prior sessions of chiropractic care with no demonstrated sustained functional improvement. There are no recommendations for

maintenance chiropractic care. The request for additional chiropractic care exceeds the recommendations of the California MTUS. The treatment of the patient with chiropractic care/CMT is not supported with objective evidence for the cited objective findings on examination. The treating diagnoses do not support the medical necessity of additional chiropractic care as opposed to integration into a self-directed home exercise program. The CA MTUS recommends chiropractic care for acute back pain.The ACOEM Guidelines do not recommend chiropractic care for chronic low back pain. The CA MTUS does not recommend more than 18 sessions of chiropractic care to the lumbar spine for severe acute injuries. The recommendation for moderate strains to the lower back is up to nine (9) sessions of chiropractic care. The patient does not meet the criteria recommended for continued chiropractic care to the lumbar spine. The request for chiropractic care for the chronic back pain is not supported with objective evidence to support medical necessity and is not demonstrated to be effects of the industrial injury. The requested treatment is inconsistent with the recommendations of the CA MTUS. There is no objective evidence provided to support the medical necessity of chiropractic care as opposed to the recommended home exercise program.The updated chronic pain chapter (8/8/08) of the ACOEM Guidelines only recommends chiropractic treatment for acute and sub acute lower back and upper back/neck pain. The patient has chronic lower back pain and the CA MTUS and the ACOEM Guidelines do not recommend maintenance care or periodic treatment plans for flare up care.The ACOEM Guidelines do not recommend the use of chiropractic manipulation for the treatment of chronic lower back/neck pain or for radiculopathies due to nerve root impingement. The ACOEM Guidelines recommend chiropractic manipulation for the treatment of acute/sub acute lower back pain but not for chronic back pain, as there is no supporting evidence of the efficacy of chiropractic treatment for chronic lower back pain. The updated ACOEM Guidelines (revised 4/07/08) for the lower back do not recommend chiropractic manipulation for chronic lower back pain or for radiculopathy pain syndromes. Chiropractic intervention is recommended by the ACOEM Guidelines during the first few weeks of acute lower back pain but not for chronic pain. The patient should be participating in a self-directed home exercise program for the treatment of her chronic lower back pain. The requested treatment is being directed to chronic back pain, which is inconsistent with the recommendations of the revised ACOEM Guidelines for the treatment of the lower back. There is no documented objective evidence that the patient cannot participate in a self-directed home exercise program for conditioning and strengthening without the necessity of professional supervision. There is no demonstrated medical necessity for the requested unspecified number of sessions of chiropractic care/CMT. Therefore, this request is not medically necessary.