

Case Number:	CM14-0055942		
Date Assigned:	07/09/2014	Date of Injury:	01/14/2010
Decision Date:	07/08/2015	UR Denial Date:	04/16/2014
Priority:	Standard	Application Received:	04/25/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 40-year-old male, who sustained an industrial injury on 1/14/2010. He reported low back and left leg pain. The injured worker was diagnosed as having lumbar radiculopathy; lumbar left neural foraminal narrowing, and left patellar tendon tendinosis. Treatment to date has included physical therapy, chiropractic visits, electrodiagnostic studies (3/11/2014), and medications. The request is for chiropractic care with physical therapy. On 10/25/2013, he complained of ongoing low back and left leg pain. He rated his pain a 6/10. He continues to work. He has had 12 sessions of physical therapy and 12 chiropractic visits. He reported the physical therapy to be more beneficial. On 12/30/2013, he had continued low back and left leg pain. He rated his pain a 7/10, and indicated the low back pain to be increased. On 2/28/2014, he continued with low back and left leg pain. He reported feeling a bit better since he had not been exerting himself. The treatment plan included: chiropractic care with physical modalities.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic Care with Physical Therapy Modalities (8-sessions, 2 times a week for 4-weeks): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation. Decision based on Non-MTUS Citation ODG- Delphi recommendations.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy, Physical Therapy Page(s): 58-59, 98-99.

Decision rationale: The patient was injured on 01/14/10 and presents with low back pain and left leg symptoms. The request is for **CHIROPRACTIC CARE WITH PHYSICAL THERAPY MODALITIES 2 X WEEK X 4 WEEKS**. The RFA is dated 02/28/14 and the patient is permanent and stationary. The 02/28/14 report states that the patient has had "12 sessions of PT and 12 visits of chiropractic therapy previously but he reports physical therapy had helped more in the past. " MTUS Chronic Pain Medical Treatment Guidelines, pages 58-59, allow up to 18 sessions of treatment following initial trial of 3 to 6 if functional improvements can be documented. MTUS pages 98 and 99 have the following: "Physical medicine: Recommended as an indicated below. Allow for fading of treatments frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. MTUS Guidelines pages 98 and 99 state that for myalgia, myositis, 9 to 10 visits are recommended over 8 weeks, and for neuralgia, neuritis, and radiculitis, 8 to 10 visits are recommended. The reason for the request is not provided. The patient is diagnosed with lumbar radiculopathy, lumbar left neural foraminal narrowing, and left patellar tendon tendinosis. Review of the reports provided does not indicate if the patient had any recent surgery. As of 02/28/14, the patient has had 12 sessions of physical therapy and 12 visits of chiropractic therapy. " However, there is no documentation of functional improvement with the prior chiropractic care or prior physical therapy sessions. Furthermore, an additional 8 sessions of chiropractic care to the 12 visits of chiropractic care the patient has already had exceeds what is allowed by MTUS guidelines. The requested chiropractic care with physical therapy modalities IS NOT medically necessary.