

<b>Case Number:</b>	CM15-0113407		
<b>Date Assigned:</b>	06/19/2015	<b>Date of Injury:</b>	10/01/2014
<b>Decision Date:</b>	07/20/2015	<b>UR Denial Date:</b>	06/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/12/2015

### 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: Arizona, California  
 Certification(s)/Specialty: Family Practice

### 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 21 year old female who sustained an industrial injury on 10/01/2014. Mechanism of injury was a slip and fall, and has left shoulder and low back pain. Diagnoses include left partial tear of the rotator cuff, status post left shoulder surgery on 02/03/2015, lumbosacral sprain/strain. Treatment to date has included diagnostic studies, surgery, medications, chiropractic sessions, and over 60 physical therapy sessions. A Magnetic Resonance Imaging of the lumbar spine was performed on 01/23/2015 and showed no disc protrusion or stenosis. A physician progress note dated 05/22/2015 documents the injured worker complains of moderate-severe constant aching low back pain and moderated severe constant aching pain in the left thigh. She rates her back and thigh pain as 7 out of 10. She has restricted range of motion of the lumbar spine affecting level T10, and L5-S1 was found to be subluxated on the left with severe reduced motion. Muscles spasms were severe on the left and there was severe tenderness bilaterally in the lumbar region. Treatment requested is for Chiropractic care and myofascial release at 2x3 for the low back, and Physical Therapy 2x3 for the Lumbar Spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic care and myofascial release at 2x3 for the low back: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-299, Chronic Pain Treatment Guidelines Page(s): 58-59.

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

**Decision rationale:** According to the MTUS guidelines, Chiropractic therapy is considered manual therapy. It is recommended for chronic musculoskeletal pain. For Low back pain, therapeutic care is for 6 visits over 2 weeks with functional improvement up to a maximum of 18 visits over 8 weeks. In this case, the claimant completed an unknown amount of chiropractor sessions in the past. The therapeutic benefit of the modalities was not specified. As a result additional chiropractor therapy is not necessary.

**Physical Therapy 2x3 for the Lumbar Spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99. Decision based on Non-MTUS Citation ODG.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 299, Chronic Pain Treatment Guidelines physical medicine Page(s): 98-99.

**Decision rationale:** According to the MTUS guidelines, therapy is recommended in a fading frequency. They allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. The following diagnoses have their associated recommendation for number of visits. Myalgia and myositis, unspecified 9-10 visits over 8 weeks; Neuralgia, neuritis, and radiculitis, unspecified; 8-10 visits over 4 weeks; Reflex sympathetic dystrophy (CRPS) 24 visits over 16 weeks. According to the ACOEM guidelines: Physical and Therapeutic Interventions are recommended for 1 to 2 visits for education. This education is to be utilized for at home exercises which include stretching, relaxation, strengthening exercises, etc. There is no documentation to indicate that the sessions provided cannot be done independently by the claimant at home. The claimant had completed at least 12 sessions of prior therapy. Consequently, additional 6 therapy sessions are not medically necessary.