

Case Number:	CM15-0120154		
Date Assigned:	06/30/2015	Date of Injury:	10/13/2014
Decision Date:	07/29/2015	UR Denial Date:	06/17/2015
Priority:	Standard	Application Received:	06/22/2015

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: North Carolina

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 48-year-old male, who sustained an industrial injury on 10/13/14. Initial complaints of severe low back pain and low back pain into the bilateral legs were reported. The injured worker was diagnosed as having myofascelgia of the thoracic and lumbar spine secondary to sprain/strain. Treatment to date has included physical therapy; chiropractic therapy; acupuncture; trigger point injections; lumbar paraspinous ligament injections; medications. Diagnostics included x-ray of the lumbar spine (10/17/14); MRI lumbar spine without contrast (6/19/15). Currently, the PR-2 notes dated 2/18/15 indicated the injured worker was in this office for an initial pain management evaluation. The injured worker reports low back pain into the bilateral legs. Lifting, bending, and twisting make the pain worse. Rest can make the pain better. Oral non-steroidal anti-inflammatory agents, pain pills, rest and work modification and physical therapy have been tried but have not relieved his pain which is rated at 6-7/10/. The pain is characterized as pins-and needles and numbness and tingling, shooting in to the left leg, pressure-like pain in the low back as well as there is also documented component of band-like pain over the low back on the extension of the lumbar spine. The pain is constant with stiffness in the low back associated with the band-lie pain. The injured worker has not had surgical intervention or lumbar epidural steroid injections. Parathoracic palpation from T1 to T12 bilaterally shows no areas of tenderness or spasm. Trigger points are noted in the lower thoracic paravertebral muscles. Range of motion of the lumbar spine is limited. Straight leg rising is positive on the left at 80 degrees and positive on the right at 90 degrees. Patrick's test is negative bilaterally. Sensory is diminished in the bilateral L5 and S1 dermatomes. A MRI of the lumbar spine dated 6/19/15 impression noted a mild lateral bulging disc with broad-based 1-2mm right paracentral/subarticular disc protrusion seen at L3-4 resulting in mild left neural

foraminal narrowing, unchanged and no significant spinal canal stenosis or effacement of subarticular recesses. There is mild posteriorly bulging disc eccentric to the right with small right paracentral annular fissure seen at L4-5. There is mild effacement of the right subarticular recess with abutment on the descending right L5 nerve roots without evidence of displacement or impingement unchanged. Right anterolateral disc-osteophyte complex at L5-S1 without significant posterior disc abnormality or narrowing. The provider's treatment plan included physical therapy for the thoracic spine 6 visits; chiropractic therapy for the thoracic and lumbar spine 6 visits and a MRI of the thoracic spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 1 time week for 6 weeks Thoracic Lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 99.

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

Decision rationale: The California chronic pain medical treatment guidelines section on physical medicine states: Recommended as indicated below. Passive therapy (those treatment modalities that do not require energy expenditure on the part of the patient) can provide short term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation and swelling and to improve the rate of healing soft tissue injuries. They can be used sparingly with active therapies to help control swelling, pain and inflammation during the rehabilitation process. Active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Active therapy requires an internal effort by the individual to complete a specific exercise or task. This form of therapy may require supervision from a therapist or medical provider such as verbal, visual and/or tactile instruction(s). Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Home exercise can include exercise with or without mechanical assistance or resistance and functional activities with assistive devices. (Colorado, 2002) (Airaksinen, 2006) Patient-specific hand therapy is very important in reducing swelling, decreasing pain, and improving range of motion in CRPS. (Li, 2005) The use of active treatment modalities (e.g., exercise, education, activity modification) instead of passive treatments is associated with substantially better clinical outcomes. In a large case series of patients with low back pain treated by physical therapists, those adhering to guidelines for active rather than passive treatments incurred fewer treatment visits, cost less, and had less pain and less disability. The overall success rates were 64.7% among those adhering to the active treatment recommendations versus 36.5% for passive treatment. (Fritz, 2007) Physical Medicine Guidelines: Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks. Neuralgia, neuritis, and radiculitis, unspecified (ICD9 729.2) 8-10 visits over 4 weeks. Reflex sympathetic dystrophy (CRPS) (ICD9 337.2):24 visits over 16 weeks The goal of physical therapy is graduation to home therapy after a certain amount of recommended sessions. The patient has

already completed physical therapy. The request is in excess of these recommendations per the California MTUS. There is no objective reason why the patient would not be moved to home therapy after completing the recommended amount of supervised sessions in the provided clinical documentation. Therefore, the request is not medically necessary.

Chiropractic treatment 1 time week for 6 weeks thoracic and lumbar spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines manual manipulation Page(s): 58-59.

Decision rationale: The California chronic pain medical guidelines section on manual manipulation states: Recommended for chronic pain if caused by musculoskeletal conditions. Manual Therapy is widely used in the treatment of musculoskeletal pain. The intended goal or effect of Manual Medicine is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. Manipulation is manual therapy that moves a joint beyond the physiologic range-of-motion but not beyond the anatomic range-of-motion. Low back: Recommended as an option. Therapeutic care & Trial of 6 visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks. Elective/maintenance care & Not medically necessary. Recurrences/flare-ups & Need to reevaluate treatment success, if RTW achieved then 1-2 visits every 4-6 months. Ankle & Foot: Not recommended. Carpal tunnel syndrome: Not recommended. Forearm, Wrist, & Hand: Not recommended. Knee: Not recommended. Treatment Parameters from state guidelines a. Time to produce effect: 4 to 6 treatments. Manual manipulation is recommended form of treatment for chronic pain. However, the requested amount of therapy sessions is in excess of the recommendations per the California MTUS. The California MTUS states there should be not more than 6 visits over 2 weeks and documented evidence of functional improvement before continuation of therapy. Review of the clinical documentation shows the patient has received prior chiropractic treatments with no documented objective improvements. This does not meet criteria guidelines and thus is not medically necessary.

MRI of thoracic spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

Decision rationale: The ACOEM chapter on neck and upper back complaints and special diagnostic studies states: Criteria for ordering imaging studies are:- Emergence of a red flag- Physiologic evidence of tissue insult or neurologic dysfunction- Failure to progress in a strengthening program intended to avoid surgery- Clarification of the anatomy prior to an invasive procedure The provided progress notes fails to show any documentation of indications for imaging studies of the neck as outlined above per the ACOEM. There was no emergence of red flag. The back pain was characterized as unchanged. The physical exam noted no evidence

of new tissue insult or neurologic dysfunction. There is no planned invasive procedure. Therefore, criteria have not been met for a MRI of the thoracic spine and the request is not medically necessary.