

Case Number:	CM15-0121680		
Date Assigned:	07/02/2015	Date of Injury:	06/02/2014
Decision Date:	08/04/2015	UR Denial Date:	05/26/2015
Priority:	Standard	Application Received:	06/23/2015

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: California, Indiana, New York
Certification(s)/Specialty: Internal Medicine

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 26 year old male with a June 2, 2014 date of injury. A progress note dated May 6, 2015 documents subjective complaints (chronic lower back pain with radiation to the left greater than right leg; tingling in the legs; lower back pain radiates to the front of the legs, left knee, and left shin; sleep is improved with Lunesta), objective findings (tenderness to palpation and lumbar spasm; decreased range of motion of the lumbar spine), and current diagnoses (lower back pain; lumbosacral or thoracic neuritis or radiculitis; lumbar discogenic syndrome; myofascial pain). Treatments to date have included home exercise, transcutaneous electrical nerve stimulator unit, medications, chiropractic treatments, electromyogram of the lower extremities that showed evidence of L5 radiculopathy on the left, and magnetic resonance imaging of the lumbar spine (results pending). The treating physician documented a plan of care that included additional chiropractic/physiotherapy treatments.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic/physiotherapy treatments additional twelve (12) visits (two times six): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine, Chiropractic care Page(s): 98-99; 58-60. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Physical Therapy Pain section, Chiropractic treatment.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, chiropractic/physiotherapy treatment additional 12 (two times per week times six weeks) is not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. Manual manipulation and therapy is recommended for chronic pain is caused by musculoskeletal conditions. The intended goal or effective manual medicine is the achievement of positive symptomatic or objective measurable gains and functional improvement. Manipulation, therapeutic care-trial of 6 visits over two weeks. With evidence of objective functional improvement, total of up to 18 visits over 6 to 8 weeks. Elective/maintenance care is not medically necessary. In this case, the injured worker's working diagnoses are back pain lower; lumbosacral or thoracic neuritis or radiculitis unspecified; lumbar discogenic syndrome; and myofascial pain. Date of injury is June 2, 2014. Request for authorization is May 18, 2015. According to a May 6, 2015 primary treating provider progress note, subjectively the injured worker complains of low back pain that radiates the left lower extremity. EMG showed L5 radiculopathy. The injured worker is engaged in a home exercise program and uses a TENS that provides a mile relief. Objectively, there is decreased range of motion and tenderness to palpation of the lumbar spine. The plan is to request an additional 12 physio-chiro visits. There are no compelling clinical facts in the medical record indicating additional physical therapy over the recommended guidelines is clinically indicated. The chiropractor states six visits were provided. The utilization review states 12 sessions were provided. The guideline allotment is not documented in the medical record. However, from the documentation the guidelines recommend 10 visits over eight weeks. The treating provider has exceeded the recommended guidelines (12 sessions). Consequently, absent compelling clinical facts indicating additional physical therapy over the recommended guidelines is indicated, chiropractic/physiotherapy treatment additional 12 (two times per week times six weeks) is not medically necessary.