

Case Number:	CM15-0124661		
Date Assigned:	07/15/2015	Date of Injury:	06/29/2012
Decision Date:	08/31/2015	UR Denial Date:	06/17/2015
Priority:	Standard	Application Received:	06/29/2015

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: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational 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:

The injured worker is a 56 year old male patient who sustained an industrial injury on 06/29/2012. A recent primary treating office visit dated 06/01/2015 reported the patient with subjective complaint of constant pain in the lower back and hips; left greater. The pain is aggravated by bending, twisting, pushing, pulling, prolonged sitting, prolonged standing, or longer walks. The injured worker was diagnosed of sprain hip and thigh, nonspecific, and lumbago. Refills of medications given this visit along with recommendation to participate in a course of chiropractic and physiotherapy sessions treating the lumbar spine. The treating diagnoses at a follow up dated 05/14/2015 were: lumbar spine strain with radiculopathy. A follow up visit dated 04/20/2015 there was unchanged treating diagnoses, subjective complaint, and objective assessment. The plan of care noted the recommendation for a Teeter inversion table. Current medications as of May 15/2015 were: Relafen, Prevacid, Ondansetron, Flexeril, Tramadol, Lunesta, Tylenol/Codeine 300/60mg, Sumatriptan, Cymbalta, Norco 2.5/325mg, Levofloxacin, and Mentherm.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic therapy for the lumbar spine 2x4 (8 Visits): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulations.

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

Decision rationale: The injured worker sustained a work related injury on 06/29/2012. The medical records provided indicate the diagnosis of lumbar spine strain with radiculopathy. Treatments have included: Relafen, Prevacid, Ondansetron, Flexeril, Tramadol, Lunesta, Tylenol/Codeine 300/60mg, Sumatriptan, Cymbalta, Norco 2.5/325mg, Levofloxacin, and Methoderm. The medical records provided for review do not indicate a medical necessity for Chiropractic therapy for the lumbar spine 2x4 (8 Visits). The medical indicate the injured worker was continued on chiropractic care, indicating the injured worker had been on chiropractic care. The report did not specify the number of visits the injured worker had before this visit, neither did the records discuss the outcome of the treatment. Not having such information available makes it impossible to determine whether any additional treatment is medically necessary or not. The MTUS recommends 3-6 visits of chiropractic care for the passive approach (Manual therapy and Manipulation), but recommends the Physical Medicine guidelines for the active type of chiropractic care. For the passive form of chiropractic care, the MTUS states that treatment beyond 4-6 visits should be documented with objective improvement in function; while the MTUS recommends a fading of treatment frequency (from up to 3 visits per week to 1 or less for a maximum of ten visits), plus active self-directed home Physical Medicine. Therefore, the requested Chiropractic therapy for the lumbar spine 2x4 is not medically necessary.

Physiotherapy for the lumbar spine 2x4 (8 Visits): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 111-113.

Decision rationale: The injured worker sustained a work related injury on 06/29/2012. The medical records provided indicate the diagnosis of lumbar spine strain with radiculopathy. Treatments have included : Relafen, Prevacid, Ondansetron, Flexeril, Tramadol, Lunesta, Tylenol/Codeine 300/60mg, Sumatriptan, Cymbalta, Norco 2.5/325mg, Levofloxacin, and Methoderm. The medical records provided for review do not indicate a medical necessity for Physiotherapy for the lumbar spine 2x4 (8 Visits). The medical record for this visit stated continue physiotherapy, indicating the injured worker had been doing physiotherapy. The report did not specify the number of visits the injured worker has had nor the outcome of the treatment. Not having such information available makes it impossible to determine whether any additional treatment is medically necessary or not. The MTUS recommends a maximum of ten visits following a fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine.

Massage therapy for the lumbar spine 2x4 (8 Visits): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Massage therapy Page(s): 60.

Decision rationale: The injured worker sustained a work related injury on 06/29/2012. The medical records provided indicate the diagnosis of lumbar spine strain with radiculopathy. Treatments have included : Relafen, Prevacid, Ondansetron, Flexeril, Tramadol, Lunesta, Tylenol/Codeine 300/60mg, Sumatriptan, Cymbalta, Norco 2.5/325mg, Levofloxacin, and Menthoderm. The medical records provided for review do not indicate a medical necessity for: Massage therapy for the lumbar spine 2x4 (8 Visits). The MTUS limits Massage therapy to 4-6 visits.