

Case Number:	CM15-0125645		
Date Assigned:	07/10/2015	Date of Injury:	10/13/2012
Decision Date:	08/07/2015	UR Denial Date:	06/22/2015
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: 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:

The injured worker is a 51 year old male, who sustained an industrial injury on 10/13/2012. The injured worker was diagnosed as having lumbar spine herniated nucleus pulposus, left shoulder internal derangement, and bilateral knee internal derangement. Treatment to date has included diagnostics, unspecified physical therapy (recent 6 sessions from 2/2015-3/2015), unspecified chiropractic, home exercise program, mental health treatment, medications, and epidural steroid injection (ESI). Currently (6/03/2015), the injured worker complained of low back pain with radiation to the lower extremities, left shoulder pain, knee pain, and anxiety, stress, and depression due to pain. He underwent lumbar ESI approximately 6-7 weeks prior, reducing his symptoms from 8-9/10 to 5-6/10. He also returned to a psychologist and had treatment which provided benefit. It was recommended that he be evaluated by a psychiatrist for psychotropic medication. He had benefit in the past functionally and emotionally from physical therapy and chiropractic. He was recently authorized for a functional restoration program. His current medication regimen was not noted. A prior progress report (2/09/2015) noted that he had participated in multiple sessions of physical therapy and had shown only minimal improvement. The treatment plan included physical therapy (2x4) for the lumbar spine, Chiropractic (x6) for the lumbar spine, and psychiatry evaluation for psychotropic medication. His work status remained total temporary disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

Eight (8) physical therapy for the lumbar spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back section, Physical therapy.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, 8 physical therapy sessions to the lumbar spine 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. In this case, the injured workers working diagnoses are lumbar spine herniated nucleus pulposis; left shoulder internal arrangement; and bilateral knee internal derangement. Date of injury is October 13, 2012. Request for authorization is dated June 17, 2015. According to the December 29, 2014 progress note, the injured worker has ongoing low back pain. The injured worker completed physical therapy. There is a single physical therapy progress note in the medical record that states symptoms increased since last physical therapy. According to the utilization review, 6 visits of physical therapy were authorized August 2014. According to the utilization review, six physical therapy visits were authorized January 2015. The injured worker received a total of 12 physical therapy sessions. According to the utilization review, the treating provider was authorized 8 chiropractic sessions October 2014. According to a June 3, 2015 progress note, the injured worker has improved symptoms status post epidural steroid injection. The treating provider is requesting 8 physical therapy sessions to the lumbar spine and six chiropractic sessions the lumbar spine. Subjectively, the injured worker has low back pain and left shoulder pain. Objectively, there is lumbar paraspinal muscle tenderness and spasm. There is no documentation demonstrating objective functional improvement with the prior 12 sessions of physical therapy authorized and rendered to the injured worker. There are no compelling clinical facts in the medical record indicating additional physical therapy over the recommended guidelines is clinically indicated. There is a single physical therapy progress note in the medical record referencing the lower back. The injured worker received 12 prior physical therapy sessions and should be well-versed in the exercises performed during physical therapy to engage in a home exercise program. Consequently, absent clinical documentation demonstrating objective functional improvement from prior physical therapy, prior physical therapy progress notes and compelling clinical facts indicating additional physical therapy is warranted, 8 physical therapy sessions to the lumbar spine is not medically necessary.

Six (6) chiropractic treatments: 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 Chiropractic care Page(s): 58-60. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Chiropractic care.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, #6 chiropractic sessions are not medically necessary. 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 workers working diagnoses are lumbar spine herniated nucleus pulposis; left shoulder internal arrangement; and bilateral knee internal derangement. Date of injury is October 13, 2012. Request for authorization is dated June 17, 2015. According to the December 29, 2014 progress note, the injured worker has ongoing low back pain. The injured worker completed physical therapy. There is a single physical therapy progress note in the medical record that states symptoms increased since last physical therapy. According to the utilization review, 6 visits of physical therapy were authorized August 2014. According to the utilization review, six physical therapy visits were authorized January 2015. The injured worker received a total of 12 physical therapy sessions. According to the utilization review, the treating provider was authorized 8 chiropractic sessions October 2014. According to a June 3, 2015 progress note, the injured worker has improved symptoms status post epidural steroid injection. The treating provider is requesting 8 physical therapy sessions to the lumbar spine and six chiropractic sessions the lumbar spine. Subjectively, the injured worker has low back pain and left shoulder pain. Objectively, there is lumbar paraspinal muscle tenderness and spasm. There is no documentation demonstrating objective functional improvement with the prior chiropractic treatment authorized and rendered to the injured worker. There are no compelling clinical facts in the medical record indicating additional chiropractic treatment is indicated. The guidelines recommend a six visit clinical trial. With evidence of objective functional improvement, a total of up to 18 visits may be clinically indicated. As noted above, there is no documentation demonstrating objective functional improvement. Based on clinical information and medical record and the peer-reviewed evidence-based guidelines, #6 chiropractic sessions are not medically necessary.