

Case Number:	CM15-0127928		
Date Assigned:	07/14/2015	Date of Injury:	08/31/2011
Decision Date:	08/14/2015	UR Denial Date:	06/15/2015
Priority:	Standard	Application Received:	07/02/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 injured worker is a 42 year old male, who reported an industrial injury on 8/31/2011. His diagnoses, and or impression, were noted to include: cervicalgia; thoracic pain; and lumbago. No current imaging studies were noted. His treatments were noted to include chiropractic treatments, and exercise programs. The progress notes of 5/3/2015 reported pain along the medial border of the right scapula and mid neck with any range-of-motion; that he is quick to fatigue which increases his pain; and that corrective exercise seemed to really help in keeping his back in working order. Objective findings were noted to include decreased thoracic rotation, right lumbar extension and limited core stability; positive Faber's, straight leg raise, local cervical compression test, Hawkins-Kennedy test, and empty can test; and a mild decrease in motor strength with shoulder elevation/abduction and in hip flexion. The physician's requests for treatments were noted to include a complete active care to enhance his overall functionality and core stability.

IMR ISSUES, DECISIONS AND RATIONALES

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

Exercise program, 2 x 4 weeks and 1 x 4 weeks for 8 weeks: Upheld

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

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

Decision rationale: This patient presents with neck and back pain. The current request is for an Exercise program, 2 x 4 weeks and 1 x 4 weeks for 8 weeks. The RFA is dated 05/05/15 and requests ART, Adjust, Corrective exercises. Treatment history includes physical therapy, chiropractic treatments and medications. The patient's work status is not addressed. MTUS recommends an optional trial of 6 visits over 2 weeks with evidence of objective functional improvement total of up to 18 visits over 6 to 8 weeks. For recurrences/flare-ups, reevaluate treatment success and if return to work is achieved, then 1 to 2 visits every 4 to 6 months. MTUS page 8 also requires that the treater monitor the treatment progress to determine appropriate course of treatments. Per report 04/10/15, the patient reported pain along the medial border of the right scapula and mid back with flexion and extension. The treating physician report that corrective exercises seem to really help in keeping his back in check, with deep core activation the low back symptoms seem to alleviate. The physician recommended chiropractic adjustments to the C/T junction, thoracic spine and hips, ART to the thoracic spine. Complete active care to enhance his overall functionality and core stability. 1x week for 12 weeks, reassess after 4 visits. RFA dated 05/05/15 requests ART, Adjust, Corrective exercises. 2x4, 1x4 re-eval weeks 2-3. The medical file provided for review includes two progress reports from 03/04/15 and 04/10/15. This patient has participated in an undisclosed number of chiropractic treatments which seem to alleviate his low back symptoms. There are no further discussion regarding functional improvement, or return to work status to consider additional chiropractic treatment. In addition, the information regarding how many treatment this patient has received is unspecified and MTUS allows for total of up to 18 visits when functional improvement is documented from prior treatment. This patient does not meet the criteria for extended chiro sessions; therefore, this request is not medically necessary.