

Case Number:	CM15-0170030		
Date Assigned:	09/10/2015	Date of Injury:	05/28/2006
Decision Date:	10/08/2015	UR Denial Date:	08/13/2015
Priority:	Standard	Application Received:	08/28/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 5-28-06. The injured worker reported lumbar spine pain with radiation to the right posterior hip, thigh and hamstring. A review of the medical records indicates that the injured worker is undergoing treatments for low back and right hip pain, rule out piriformis syndrome, and rule out lumbar radiculopathy from bulging discs. Medical records dated 7-17-15 indicate the injured worker rates his pain at 4 out of 10 with medication and 6 out of 10 without medication. Provider documentation dated 7-17-15 noted the work status as "currently working in same occupation." Treatment has included injection therapy, physical therapy, chiropractic treatments, Celebrex, transcutaneous electrical nerve stimulation unit, cervical magnetic resonance imaging (8-8-12), status post cervical discectomy and fusion (11-29-12), and medication management. Objective findings dated 7-17-15 were notable for paraspinal tenderness and spasms, decreased range of motion, positive straight leg raise test on the right. The original utilization review (8-13-15) denied Chiropractic two (2) times a week for six (6) weeks for the Lumbar Spine and Physical Therapy two (2) times a week for six (6) weeks for the Lumbar Spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic two (2) times a week for six (6) weeks for the Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004, and Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: The claimant sustained a work injury in May 2006 and is being treated for chronic radiating low back pain and right hip pain. There is a history of a cervical anterior cervical decompression and fusion. When seen, there had been temporary improvement after a piriformis trigger point injection. He was receiving physical therapy and chiropractic treatments, which were helping with pain and range of motion. Physical examination findings included a BMI of nearly 32. There was diffuse lumbar tenderness with decreased range of motion and positive straight leg raising and Kemp's testing. There was normal strength. Additional physical therapy and chiropractic treatments are being requested. Chiropractic care is recommended as an option in the treatment of chronic pain. Guidelines recommend a trial of 6 visits over two weeks with further treatment considered if there is objective evidence of functional improvement and with a total of up to 18 visits over 6-8 weeks. In this case, the number of previous treatments is not documented. A fading of treatments is not evident. The request is not medically necessary.

Physical Therapy two (2) times a week for six (6) weeks for the Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter, Physical Therapy.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines (3) Shoulder (Acute & Chronic) Physical therapy.

Decision rationale: The claimant sustained a work injury in May 2006 and is being treated for chronic radiating low back pain and right hip pain. There is a history of a cervical anterior cervical decompression and fusion. When seen, there had been temporary improvement after a piriformis trigger point injection. He was receiving physical therapy and chiropractic treatments, which were helping with pain and range of motion. Physical examination findings included a BMI of nearly 32. There was diffuse lumbar tenderness with decreased range of motion and positive straight leg raising and Kemp's testing. There was normal strength. Additional physical therapy and chiropractic treatments are being requested. In terms of physical therapy treatment for chronic pain, guidelines recommend a six visit clinical trial with a formal reassessment prior to continuing therapy. The claimant has already had physical therapy. The number of treatments already provided is unknown. Compliance with a home exercise program would be expected and would not require continued skilled physical therapy oversight. A home exercise program could be performed as often as needed/appropriate rather than during scheduled therapy visits. In this case, the number of additional visits requested is in excess of that recommended or what might be expected to finalize or revise the claimant's home exercise program. Skilled therapy in excess of that necessary could promote dependence on therapy provided treatments. A

fading of skilled treatments is not evident. The request is not medically necessary.