

Case Number:	CM15-0024525		
Date Assigned:	02/23/2015	Date of Injury:	09/27/2013
Decision Date:	04/03/2015	UR Denial Date:	02/02/2015
Priority:	Standard	Application Received:	02/09/2015

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: New Jersey

Certification(s)/Specialty: Family Practice

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 34 year old female injured worker suffered and industrial injury on 9/27/2013. The diagnoses were lumbosacral joint sprain, neck muscle strain and thoracic spine strain. The diagnostic studies were cervical magnetic resonance imaging. The treatments were physical therapy, home exercise program, and chiropractic therapy. The treating provider reported lower paracervical areas mildly tender and mild spasm of the lumbosacral region The Utilization Review Determination on 2/2/2015 non-certified: 1. 6 sessions of chiropractic case for thoracic spine, MTUS. 2. Physical medicine consult, MTUS.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 sessions of chiropractic case for thoracic spine: 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 Manual therapy & manipulation Page(s): 58-60.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines state that for musculoskeletal conditions, manual therapy & manipulation is an option to use for therapeutic care within the limits of a suggested 6 visits over 2 weeks, with evidence of objective functional improvement, and a total of up to 18 visits over 6-8 weeks. It may be considered to include an additional 6 session (beyond the 18) in cases that show continual improvement for a maximum of 24 total sessions. The MTUS Guidelines also suggest that for recurrences or flare-ups of pain after a trial of manual therapy was successfully used, there is a need to re-evaluate treatment success, and if the worker is able to return to work then 1-2 visits every 4-6 months is warranted. Manual therapy & manipulation is recommended for neck and back pain, but is not recommended for the ankle, foot, forearm, wrist, hand, knee, or for carpal tunnel syndrome. In the case of this worker, she had completed 5 chiropractor visits since her injury, with reported benefit, albeit vague and nonspecific. Although chiropractor sessions may be reasonable for this worker, there needs to be more documented reports of specific and measurable functional and pain-reduction directly related to the chiropractor sessions already completed in order to justify any continuation, and only with evidence of actively performing home exercises, of which there was no current report. Therefore, the additional 6 sessions of chiropractic sessions will be considered medically unnecessary at this time.

Physical medicine consult: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: Physical therapy in the form of passive therapy for the back is recommended by the MTUS Guidelines as an option for chronic lower back pain during the early phases of pain treatment and in the form of active therapy for longer durations as long as it is helping to restore function, for which supervision may be used if needed. The MTUS Guidelines allow up to 9-10 supervised physical therapy visits over 8 weeks for lower back or hip pain. The goal of treatment with physical therapy is to transition the patient to an unsupervised active therapy regimen, or home exercise program, as soon as the patient shows the ability to perform these exercises at home. The worker, in this case, the worker had reported having completed only 2 out of the approved physical therapy sessions since her injury many months prior. Although she had reported performing home exercises regularly during that time, no recent report suggested these home exercises were being continued. Subjective and objective physical findings suggested, although improved, persistent mild to moderate pain in her back. However, missing from the documentation was the specific report of any functional gains and pain reduction with the prior sessions of physical therapy already completed after her injury, which are required in order to help justify consideration of a physical medicine consult and additional therapy. Also, there was no evidence to suggest the worker was unable to perform home exercises. Therefore, the physical medicine consult will be considered medically unnecessary at this time.

