

Case Number:	CM15-0039825		
Date Assigned:	03/10/2015	Date of Injury:	02/17/2014
Decision Date:	04/15/2015	UR Denial Date:	02/04/2015
Priority:	Standard	Application Received:	03/02/2015

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, 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 46-year-old male, who sustained an industrial injury on 2/17/14. The injured worker has complaints of neck pain, upper back pain; lower back pain, bilateral shoulder, elbow, wrist, hand/finger, hip, knee, leg and foot pain; abdominal pain; blurry vision; groin pain; difficulty falling asleep, reduced daytime alertness and depression, irritability, crying spells and anxiety. The diagnoses have included sprain/strain cervical spine; sprain/strain thoracic spine; sprain/strain, lumbar spine with disc herniation at L5-S1; impingement syndrome, right shoulder and lateral epicondylitis, bilateral. Magnetic Resonance Imaging (MRI) of the right shoulder on 11/7/14 impression showed acromion, flat curved hooked, anterior downsloping. Magnetic Resonance Imaging (MRI) of the lumbar spine on 7/11/14 impression showed disc desiccation at L5-S1; L5-S1 broad-bases posterior disc herniation which cause stenosis of the spinal canal and the bilateral neural foramen, disc measurement: neural 3.3 millimeter. Treatment to date has included physiotherapy; chiropractic and medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Four continued chiropractic visits for evaluation and treatment to the low back (lumbar spine only): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Massage therapy Page(s): 60. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Chiropractic, manipulation.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, #4 chiropractic visits (continued) for evaluation and treatment low back (lumbar spine only) are not medically necessary. Manual manipulation and therapy is recommended for chronic pain is caused by musculoskeletal conditions. 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 worker's diagnoses are sprain/strain of the cervical spine, thoracic spine, lumbar spine with disk herniation at L5 S1, left shoulder, bilateral wrist, bilateral hand, bilateral hip, right knee, ankle bilateral, lateral epicondylitis bilateral and impingement syndrome right shoulder. The documentation indicates the injured worker has had 15 chiropractic visits since November 7, 2014. The guidelines recommend a trial of six visits over two weeks. With evidence of objective functional improvement a total of 18 visits over 6 to 8 weeks may be recommended. The documentation does not contain evidence of objective functional improvement on the 15 prior chiropractic visits. Consequently, absent clinical documentation with objective functional improvement of the 15 prior chiropractic visits with a clinical rationale for additional chiropractic sessions, additional chiropractic visits #4 for evaluation and treatment of low back (lumbar spine only) are not medically necessary.

8 continued therapeutic activities to lower back (lumbar spine only): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment 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 continued therapeutic activities to the low back (lumbar spine only) 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. The guidelines allow for fading of treatment frequency plus active self-directed home physical therapy. Active therapy is a part of physical therapy. Physical therapy includes therapeutic activity which is beneficial for restoring flexibility, strength, endurance, function and range of motion. Active therapy may require supervision for instruction and patience are expected to continue therapy for home. In this case, the injured worker's diagnoses are sprain/strain of the cervical spine, thoracic spine, lumbar spine with disk herniation at L5 S1, left shoulder, bilateral wrist, bilateral hand, bilateral hip, right

knee, ankle bilateral, lateral epicondylitis bilateral and impingement syndrome right shoulder. The documentation, pursuant to a November 7, 2014 progress note, indicates the injured worker received 14 sessions of physical therapy and 23 sessions of therapeutic exercise. The 23 sessions of therapeutic exercise are part of, and inclusive of, ongoing physical therapy. The guidelines allow for fading of treatment frequency plus active self-directed home physical therapy. There is no documentation of objective functional improvement as a result of the 14 sessions of physical therapy and 23 sessions of therapeutic exercises. When treatment duration and/or number of visits exceeded the guidelines, exceptional factors should be noted. There are no compelling clinical facts in the medical record to warrant additional physical therapy (or therapeutic exercises). Consequently, absent compelling clinical documentation with objective functional improvement, eight continued therapeutic activities to the lower back are not necessary.