

Case Number:	CM15-0066263		
Date Assigned:	04/14/2015	Date of Injury:	03/31/2009
Decision Date:	05/20/2015	UR Denial Date:	03/12/2015
Priority:	Standard	Application Received:	04/07/2015

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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative 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:

This 50 year old female sustained an industrial injury to the neck, back and right shoulder on 3/31/09. Previous treatment included magnetic resonance imaging, physical therapy, epidural steroid injections, home exercise and medications. In a PR-2 dated 2/25/15, the injured worker complained of neck pain with radiation to the thoracic spine, lumbar spine and bilateral lower extremities associated with numbness and tingling. The injured worker rated her pain at 7/10 on visual analog scale without medications 4/10 with medications. The injured worker had been meditating and exercising in a pool three times a week but wanted to get better strengthening and conditioning. The injured worker wanted to try physical therapy. The physician noted that she had not had any physical therapy since 2009 but had had difficulty participating due to pain. The injured worker also wanted to try chiropractic therapy. The injured worker had never had chiropractic therapy before. Physical exam was remarkable for tenderness to palpation to the cervical spine musculature with full range of motion and lumbar spine with tenderness to palpation to the lumbar spine musculature with decreased range of motion and positive bilateral straight leg raise. Current diagnoses included attention deficit disorder with hyperactivity, right rotator cuff sprain/strain, cervical spine disc degeneration, chronic pain syndrome, lumbar spine radiculitis, lumbar spine degenerative disc disease and history of drug abuse. The treatment plan included epidural steroid injections at L4-5, six sessions of physical therapy, six sessions of chiropractic therapy and medications (Nucynta, Naproxen Sodium and Neurontin).

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 1x6 for the low back and neck: Overturned

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

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

Decision rationale: The MTUS Guidelines support the use of physical therapy, especially active treatments, based on the philosophy of improving strength, endurance, function, and pain intensity. This type of treatment may include supervision by a therapist or medical provider. The worker is then expected to continue active therapies at home as a part of this treatment process in order to maintain the improvement level. Decreased treatment frequency over time (fading) should be a part of the care plan for this therapy. The Guidelines support specific frequencies of treatment and numbers of sessions depending on the cause of the worker's symptoms. The submitted QME report dated 10/21/2014 indicated the worker was experiencing lower back pain that went into the legs with numbness and tingling and neck pain that went into the mid-back. These records suggested the worker's self-directed home aqua exercise program was not helping enough and that the worker would benefit from sessions of therapist-directed therapy. In light of this supportive evidence, the current request for an additional six physical therapy sessions for the lower back and neck done weekly for six weeks is medically necessary.

Initial chiropractic treatment 1x8 for the low back and neck: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation Page(s): 28-60.

Decision rationale: The MTUS Guidelines recommend chiropractic care for chronic pain that is due to musculoskeletal conditions. However, this treatment is not recommended for treatment of the ankle and foot, carpal tunnel syndrome, the forearm, the wrist and hand, or the knee. When this treatment is recommended, the goal is improved symptoms and function that allow the worker to progress in a therapeutic exercise program and return to productive activities. An initial trial of six visits over two weeks is supported. If objective improved function is achieved, up to eighteen visits over up to eight weeks is supported. The recommended frequency is one or two weekly sessions for the first two weeks then weekly for up to another six weeks. If the worker is able to return to work, one or two maintenance sessions every four to six months may be helpful; the worker should be re-evaluated every eight weeks. The documentation must demonstrate improved function, symptoms, and quality of life from this treatment. Additional sessions beyond what is generally required may be supported in cases of repeat injury, symptom exacerbation, or comorbidities. The worker should then be re-evaluated monthly and documentation must continue to describe functional improvement. The submitted and reviewed

documentation indicated the worker was experiencing lower back pain that went into the legs with numbness and tingling and neck pain that went into the mid-back. There was no discussion detailing functional issues, the goals of this therapy, or why this type of treatment was likely to be of benefit. In the absence of such evidence, the current request for eight sessions of chiropractic treatment for the lower back and neck done weekly for eight weeks is not medically necessary.