

<b>Case Number:</b>	CM15-0079931		
<b>Date Assigned:</b>	04/30/2015	<b>Date of Injury:</b>	06/28/2013
<b>Decision Date:</b>	06/01/2015	<b>UR Denial Date:</b>	04/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/27/2015

### 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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

### 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 male claimant sustained an industrial injury on 06/28/2013. According to a progress report dated 04/13/2015, the injured worker complained of back pain (lower or lumbar-sacral). He was in mild distress secondary to pain. Diagnoses included acute low back pain. Treatment plan included chiropractic care and physical therapy. Previous chiropractic treatment notes were not submitted for review. The provider noted that the injured worker thought that chiropractic care helped previously. Currently under review is the request for physical therapy and chiropractic care for the lumbar.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 2x6 lumbar:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** This male patient has complained of back pain since date of injury 6/28/13. He has been treated with physical therapy, chiropractic therapy and medications. Per the MTUS guidelines cited above in the section Physical Medicine/ therapy, patients should be instructed and expected to continue active therapy at home as an extension of the initial treatment process in order to maintain improvements gained in physical therapy. The MTUS recommendations for PT state for the passive (out of home) PT process, 8-10 visits over the course of 4 weeks are indicated for a diagnosis of neuralgia, neuritis and/or radiculitis, as in this case. The medical necessity for continued passive physical therapy beyond the recommended number of sessions is not documented. On the basis of the available medical records and per the MTUS guidelines cited above physical therapy 2 x 6 lumbar is not medically necessary.

**Chiropractic 2x6 lumbar:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chiropractic guidelines - therapeutic care.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Lower Back.

**Decision rationale:** This male patient has complained of back pain since date of injury 6/28/13. He has been treated with physical therapy, chiropractic therapy and medications. The current request is for chiropractic 2 x 6 lumbar. The ODG guidelines cited above recommend a trial of 6 sessions of chiropractic therapy over the course of 2-3 weeks. The available medical records do not specify how many sessions the patient has received thus far. Additionally, the current number of requested sessions exceeds the number of sessions that is recommended. On the basis of the available medical records and per the ODG guidelines cited above, chiropractic 2 x 6 lumbar is not medically necessary.