

Case Number:	CM15-0098643		
Date Assigned:	06/01/2015	Date of Injury:	05/02/2014
Decision Date:	07/07/2015	UR Denial Date:	05/16/2015
Priority:	Standard	Application Received:	05/21/2015

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 52 year old male who sustained an industrial injury on 5/2/14. The injured worker was diagnosed as having lumbar facet syndrome, spasm of muscle and spinal/lumbar degenerative disc disease. Currently, the injured worker was with complaints of pain in the lower back and left hip. Previous treatments included medication management, H- Wave therapy, activity modification, injections, lumbar radiofrequency ablation and status post cervical fusion (1996). Previous diagnostic studies included electromyography and a magnetic resonance imaging. The injured workers pain level was noted as 8/10. Physical examination was notable for lumbar spine with restricted range of motion due to pain, paravertebral muscles tender, tight and with noted muscle spasms. The plan of care was for physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 physical therapy visits: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): s 299- 300.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chiropractic therapy Page(s): s 58-60. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back section, Chiropractic therapy.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, chiropractic sessions 12 visits are not medically necessary. Manual manipulation and therapy is recommended for chronic pain is caused by musculoskeletal conditions. The intended goal or effective manual medicine is the achievement of positive symptomatic or objective measurable gains and functional improvement. 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 working diagnoses are lumbar facet syndrome; spasm of muscle; and spinal/lumbar DDD. Subjectively, according to May 11, 2015 progress note; the injured worker has persistent low back pain and left hip pain 8/10. Documentation shows the injured worker had prior chiropractic treatment (the wording is somewhat unclear). The treating provider is requesting (in both the IMR and request for authorization) 12 sessions of chiropractic treatment. The guidelines recommend a trial of six visits over two weeks. With evidence of objective functional improvement additional chiropractic treatments (up to 18 visits over 6 to 8 weeks) may be clinically indicated. The progress notes do not show objective functional improvement with prior chiropractic. In the alternative, a six visit clinical trial over two weeks is appropriate. With objective functional improvement additional chiropractic up to 18 visits may be clinically indicated. The treating provider requested 12 chiropractic sessions (in excess of the recommended guidelines for an initial 6 visit clinical trial. Consequently, absent clinical documentation with objective functional improvement referencing prior chiropractic treatment (successions) or, in the alternative, a request for 12 chiropractic sessions (in excess of the recommended six visit clinical trial, chiropractic sessions 12 visits are not medically necessary.