

<b>Case Number:</b>	CM14-0148023		
<b>Date Assigned:</b>	09/18/2014	<b>Date of Injury:</b>	10/20/2010
<b>Decision Date:</b>	10/20/2014	<b>UR Denial Date:</b>	08/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/11/2014

### 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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of October 20, 2010. Thus far, the applicant has been treated with the following: Analgesic medications; eighteen sessions of physical therapy and six sessions of manipulative therapy, per the claims administrator; and extensive periods of time off of work. In a Utilization Review Report dated August 15, 2014, the claims administrator denied a request for six sessions of chiropractic manipulative therapy and six sessions of physical therapy. Non-MTUS ODG guidelines were invoked to deny the request for physical therapy, despite the fact that the MTUS addressed the topic at hand. In a March 19, 2012 medical-legal evaluation, it was suggested that the applicant was not working and had been off of work, on total temporary disability, during large portions of the claim. A 30% whole person impairment rating and a rather proscriptive 25-pound lifting limitation were endorsed. On August 29, 2014, the applicant reported persistent complaints of low back pain, 4-5/10. The applicant had completed five to six recent sessions of chiropractic manipulative therapy, it was stated. The applicant is was using tramadol, Norflex, Prilosec, and Naprosyn, it was stated. The note was very difficult to follow and mingled old complaints with current complaints. In another section of the note, it was stated that the applicant reported 8-9/10 pain. It was acknowledged that the applicant was not working. Permanent work restrictions were renewed. Additional manipulative therapy and physical therapy were seemingly sought.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CHIROPRACTIC X 6:** 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): 59-60.

**Decision rationale:** 1. No, the request for six additional sessions of chiropractic manipulative therapy is not medically necessary, medically appropriate, or indicated here. While pages 59 and 60 MTUS Chronic Pain Medical Treatment Guidelines do support up to 24 sessions of chiropractic manipulative therapy in applicants who demonstrate treatment success by achieving and/or maintaining successful return to work status, in this case, however, the applicant is off of work. The applicant has failed to return to work for what appears to be several years. Continued pursuit of manipulative therapy in the face of the applicant's failure to return to work runs counter to MTUS principles. Therefore, the request is not medically necessary.

**PT X 6:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines PHYSICAL MEDICINE Page(s): 99.

**Decision rationale:** 2. Similarly, the request for six sessions of physical therapy is likewise not medically necessary, medically appropriate, or indicated here. The applicant has had prior treatment (18 sessions, per the claims administrator), seemingly well in excess of the 9- to 10-session course recommended on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines for myalgias and myositis of various body parts, the issue reportedly present here. As further noted on page 8 of the MTUS Chronic Pain Medical Treatment Guidelines, demonstration of functional improvement is necessary at various milestones in the treatment program in order to justify continued treatment. In this case, the applicant is off of work. The applicant remains highly reliant and highly dependent on numerous analgesic medications, including Naprosyn, tramadol, Norflex, etc. All of the above, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite earlier physical therapy already in excess of the MTUS parameters. Therefore, the request for additional physical therapy is not medically necessary.