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| Case Number: | CM13-0003252 | | |
| Date Assigned: | 02/28/2014 | Date of Injury: | 03/11/2013 |
| Decision Date: | 04/23/2014 | UR Denial Date: | 06/20/2013 |
| Priority: | Standard | Application Received: | 07/25/2013 |

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 Physical Medicine and Rehabilitation has a subspecialty in Interventional Spine 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:

This patient is a 44-year-old male with date of injury of 03/11/2013. Per [REDACTED] report, 06/07/2013, the patient presents with jumping and falling injury when sprinkler set was suddenly turned on causing his left leg and knee to give away. The patient felt immediate pain in his low back and present complaints include thoracic pain, lumbar pain moderate to severe in intensity. Listed diagnoses are lumbar disk displacement with myelopathy, thoracic disk displacement with myelopathy, lesion of sciatic nerve. Recommendation was for conservative therapy for 6 visits, electrical muscle stimulation to thoracic spine, infrared chiropractic manipulative therapy, 3D MRI of the thoracic and lumbar spine, pharmacologic consultation, evaluation, and dispensing of medication, multi-interferential stimulator was prescribed, and lumbosacral orthosis. Included in the reports are handwritten chiropractic treatment reports dated 04/12, 16, 19, 24, and 04/30/2013. These treatments show that the patient was treated with manipulation, myofascial release, electrical stimulation, infrared heat.

IMR ISSUES, DECISIONS AND RATIONALES

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

SIX (6) SESSIONS OF CHIROPRACTIC CARE INCLUDING MANIPULATION, ELECTRICAL MUSCLE STIMULATION , AND MYOFASCIAL RELEASE OF THE THORACIC AND LUMBAR SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58.

Decision rationale: This patient presents with persistent pain in the thoracic and lumbar areas. The request is for 6 sessions of chiropractic care. Review of the reports showed that the patient already received chiropractic treatments in April of 2013 for 5 to 6 sessions. MTUS Guidelines recommend initial trial of 3 to 6 sessions of chiropractic treatments and with improved function and pain, additional chiropractic sessions up to 18 visitations. In this case, the treating physician fails to document any progress or improvement from prior chiropractic treatments. In fact, he presents to [REDACTED] with persistent significant pain and disability. It does not appear that previous chiropractic treatments have done much more for this patient. Recommendation is for denial.

ONE 3D MRI OF THE THORACIC AND LUMBAR SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

Decision rationale: This patient presents with persistent thoracic and low back pain with some radiation of pain into the lower extremities. The treating physician has asked for 3D MRI of the thoracic and lumbar spine. ACOEM, MTUS, and ODG Guidelines do not discuss "3D MRIs". ODG Guidelines does have a section on standing MRI, which is not recommended over conventional MRI. While conventional 2D MRIs may be indicated in this patient, the request of 3D MRI has yet to be supported based on medical evidence. Journal of Magnetic Resonance Imaging 2011 article under "routine 3D magnetic resonance imaging of joints" states, "preliminary results under diagnostic performance of 3D isotropic resolutions sequence are encouraging. However, additional studies are needed to determine whether these sequences can replace the currently used 2D fast spin-echo sequences for providing comprehensive joint assessment and clinical practice." There is as yet medical evidence support for routine use of 3D MRIs. Recommendation is for denial.

ONE PHARMACOLOGICAL CONSULTATION (PAIN MANAGEMENT) FOR EVALUATION AND DISPENSING OF MEDICATION: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chronic Pain Disorder Medical Treatment Guidelines, State of Colorado Department of Labor and Employment, page 56.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine, Chapter 7, page 127

Decision rationale: This patient presents with persistent pain in low back and thoracic area following work injury. The treating physician has asked for referral to a pain management specialist. Given that the patient has persistent pain for more than 6 months, chronic pain management consultation is reasonable and consistent with ACOEM Guidelines. ACOEM Guidelines page 127 talks about referral to a specialist if the case is complex and the specialist consultation can be helpful in managing the case. Recommendation is for authorization.

ONE MULTI INTERFERENTIAL STIMULATOR: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS)..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation Page(s): 118-120.

Decision rationale: This patient presents with thoracic and low back pain. The treating physician has asked for one multi-interferential stimulator. The California MTUS Guidelines regarding interferential units states that while not recommended as an isolated intervention, if the patient selection criteria is met, it can be used. The selection criteria is that the pain is ineffectively controlled due to diminished effectiveness of medication, pain is ineffectively controlled with medications due to side effects, history of substance abuse, significant pain from postoperative condition, unresponsive to the conservative measures. In this patient, the patient has yet to try pharmacologic measures. Furthermore, even if all the criteria were met, MTUS Guidelines recommend one month trial. Recommendation is for denial.

ONE LUMBAR ORTHOSIS: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

Decision rationale: This patient presents with chronic low back and thoracic pain. The treating physician has asked for lumbar brace. ACOEM Guidelines page 301 does not recommend lumbar bracing or lumbar supports as they have not been shown to have any lasting benefit beyond the acute phase of symptom relief. ODG Guidelines supports lumbar orthosis for spondylolisthesis, documented instability, and for treatment of nonspecific low back pain. However, nonspecific low back pain has very low quality evidence. Recommendation is for denial.

ONE FUNCTIONAL CAPACITY EVALUATION: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Fitness for Duty.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College Of Occupational and Environmental Medicine, Chapter 7, pages 137-139

Decision rationale: This patient presents with chronic persistent low back and thoracic pain. The treating physician has asked for functional capacity evaluation. However, he does not discuss any special circumstances that would require functional capacity evaluation. ACOEM Guidelines page 137 states that, "the examiner is responsible for determining whether the impairment results in functional limitations." ACOEM also states that there is little evidence showing that FCE predict an individual's actual capacity to perform in the workplace and that these assessment may be ordered by treating or evaluating physician if the information from such testing is crucial. In this case, there is no indication that the information from this evaluation would be crucial. Recommendation is for denial.