

Case Number:	CM13-0020765		
Date Assigned:	10/11/2013	Date of Injury:	11/18/2010
Decision Date:	08/11/2014	UR Denial Date:	08/20/2013
Priority:	Standard	Application Received:	09/06/2013

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 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 injured worker is a 34-year-old male smoker who reported an unknown injury on 11/18/2010. On 08/12/2013, he presented with moderate back pain. The note stated that the problem was improving, and it occurred intermittently. The pain was located in the lower back, radiating down the left thigh, calf, ankle and foot. The symptoms were aggravated by daily activities and sitting. Pain was elicited upon palpation of the left buttock and left sacroiliac joint. His pain was rated at 6/10 with or without medication. His diagnoses included chronic pain due to trauma, sacroilitis, myalgia and myositis, tobacco use disorder, lumbar spondylosis without myelopathy, insomnia, thoracic or lumbosacral radiculopathy, low back pain, hypertension, and sciatica. His medications included Terbinafine 250 mg, Lisinopril/Hydrochlorothiazide 10/12.5 mg, and Lidoderm 5% patches. On 08/06/2013, his lumbar flexion was 50 degrees, extension 10 degrees and left and right rotation 20 degrees. Bi-lateral flexion was 10 degrees. It was noted that his chronic lumbar back pain had improved status post facet injection on the left on 01/25/2012 and on the right on 09/14/2012. There was a negative MRI from 02/25/2011. He had a radiofrequency neurotomy on the left side at the L3, L4, and L5 levels on 04/08/2013, and a left sacroiliac injection on 06/24/2013. On 02/28/2012, he received lumbar facet joint injections on the left side of the L3-4, L4-5, and L5-S1 intra-articular facet joints, from which he reported an 80% reduction in pain. His history indicated that at various times, he had participated in physical therapy and aqua therapy, the number of sessions and modalities are unknown. On 04/18/2013, Kemp's maneuver elicited localized low back pain bilaterally, Ely's maneuver elicited localized low back pain bilaterally, straight leg raising elicited low back and leg pain bilaterally at approximately 60 degrees, Braggard's maneuvers were positive bilaterally for nerve tension signs, leg lowering elicited localized low back pain, Milgram's maneuver elicited localized low back pain, Patrick-FABER test elicited localized low back pain bilaterally, and Valsalva's

maneuver elicited slight localized low back pain. The rationale for the requested manipulation under anesthesia was that 100% of this worker's condition was attributable to the industrial injury of the 11/18/2010; and that he would be a suitable candidate for manipulation under anesthesia to the thoracic and lumbar spine, and sacroiliac joints. Furthermore, it was stated if the worker would agree to such a treatment modality, he would require 3 to 5 serial treatments. There was no rationale submitted for chiropractic treatments or medical consultation for a pre-op history and physical. There was no request for authorization included in the documents submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

THREE DAYS OF ANESTHESIA ASSISTED FIBROSIS RELEASE PROCEDURES: FRP-MUA TIMES THREE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Low Back Complaints Page(s): 300.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic, Manipulation under anesthesia (MUA).

Decision rationale: The Official Disability Guidelines do not recommend manipulation under anesthesia except in urgent situations as a closed orthopedic procedure in the treatment (reduction) of vertebral fractures or dislocations. In the absence of vertebral fracture or dislocation, manipulation under anesthesia is not supported by quality evidence in the management of spine-based neuromuscular conditions (those involving chronic pain and/or fibrotic adhesions/scar tissue). Historically performed with the patient under general anesthesia or contrasedation, manipulation under anesthesia is a mode of care aimed at alleviating chronic pain and restoring mobility to the spine when a condition has not responded completely to adequate trials of office-based manipulation and other standard treatment, but only warranted if significant enough to impact markedly upon activities of daily living. Manipulation under anesthesia is also sometimes used when office-based conscious manipulation cannot be tolerated or rendered as intended due to intense pain, muscle splinting/spasm, and/or patient apprehension/guarding. Barring the inability to render manipulative treatment due to pain and spasm, 4 to 8 weeks of spinal manipulation and other conservative care would be attempted before giving consideration to manipulation under anesthesia, according to consensus guidelines. There is no documentation of this worker having either a vertebral fracture or dislocation; or no documented evidence submitted that this worker had failed trials of office-based manipulation or other conservative care including NSAIDs, muscle relaxants, physical therapy, or chiropractic care. Additionally, there was no body parts specified in the request. Therefore, the request for 3 days of anesthesia-assisted fibrosis release procedures is not medically necessary.

CHIROPRACTIC ONCE A WEEK FOR EIGHT WEEKS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation, pages 58-60 Page(s): 58-60.

Decision rationale: The California MTUS recommends chiropractic treatments for chronic pain if it is caused by musculoskeletal conditions. Manual therapy is widely used in the treatment of musculoskeletal pain. The intended goal or effect of manual medicine is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitates progression in the patient's therapeutic exercise program and return to productive activities. The recommended schedule for low back pain as an option in therapeutic care is a trial of 6 visits over 2 weeks, with evidence of objective functional improvement. The requested chiropractic care once a week for 8 weeks exceeds the recommendations of these guidelines. Furthermore, no body parts were specified for the chiropractic care. Therefore, the request for chiropractic once a week for 8 weeks is not medically necessary.

MEDICAL CONSULT FOR PRE-OP HISTORY AND PHYSICAL: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic, Office visits.

Decision rationale: The Official Disability Guidelines recommend office visits as determined to be medically necessary. Evaluation and management outpatient visits to the offices of medical doctors play a critical role in the proper diagnosis and return to function of an injured worker, and they should be encouraged. The need for a clinical office visit with a healthcare provider is individualized based upon a review of the patient's concerns, signs and symptoms, clinical stability, and reasonable physician judgment. This consultation request is for a preoperative history and physical. There is no submitted evidence that this worker is scheduled to undergo any type of surgical procedure. Therefore, this request for medical consultation with pre-op history and physical is not medically necessary.