

Case Number:	CM13-0028681		
Date Assigned:	04/30/2014	Date of Injury:	09/10/2012
Decision Date:	06/10/2014	UR Denial Date:	09/13/2013
Priority:	Standard	Application Received:	09/24/2013

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 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 patient is a [REDACTED] employee who has filed a claim for thoracic and lumbar sprain/strain associated with an industrial injury of September 10, 2012. Thus far, the patient has been treated with physical therapy, acupuncture, chiropractic therapy, topical compounds, NSAIDs (non-steroidal anti-inflammatory drugs), opioids, muscle relaxants, Genicin, Somnicin, injections, and extracorporeal shockwave treatments. Patient also had lumbar fusion surgery. Review of progress notes showed low back pain occasionally radiating up to the thoracic area, with decreased lumbar range of motion due to stomach pain. Findings include positive signs reflecting radiculopathy and sacroiliac pathology. Patient also complains of bilateral hand and wrist pain with positive Phalen's test, and left knee pain with positive patellar grind test. Nerve conduction studies dated July 25, 2013 showed bilateral S1 radiculopathy, more on the right. There is also mild right carpal tunnel syndrome. EMG showed left L5-S1 radiculopathy. Lumbar MRI dated July 18, 2013 showed central disc protrusion in extension at L3-4, L4-5, and L5-S1. Utilization review dated September 13, 2013 indicates that the claims administrator denied a request for chiropractic treatment 2x4 and pain management referral.

IMR ISSUES, DECISIONS AND RATIONALES

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

CHIROPRACTIC TREATMENT 2 TIMES A WEEK FOR 4 WEEKS: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-299, Chronic Pain Treatment Guidelines Page(s): 58.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that with evidence of objective functional improvement with previous treatment and remaining functional deficits, a total of up to eighteen visits is supported. In addition, elective/maintenance care is not medically necessary. There is previous authorization for six sessions of chiropractic therapy to the low back dated April 04, 2014. Progress report dated September 25, 2013 also indicates that patient's low back pain improves with chiropractic therapy, although there is no documentation regarding the date, frequency, and amount of sessions completed. There is also no documentation showing objective functional benefits derived from these sessions. Chiropractic manipulation is helpful for back pain without radiculopathy, and this patient has objective evidence of lumbar radiculopathy. The request for chiropractic treatment, twice weekly for four weeks, is not medically necessary or appropriate.

PAIN MANAGEMENT: 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), Office Visits Chapter, Evaluation and Management Section.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Independent Medical Examinations and Consultations Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7), pages 127 and 156.

Decision rationale: According to the Independent Medical Examinations and Consultations Chapter of the ACOEM Practice Guidelines, occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. In this case, patient presents with complaints of pain at multiple body sites but recent progress notes do not indicate patient's current medication regimen or failure of certain medications or therapeutic modalities. At this point, there is no clear indication for the need of a pain management referral. The request for pain management is not medically necessary or appropriate.