MAXIMUS Federal Services

Case Number:	CM13-0028808		
Date Assigned:	11/27/2013	Date of Injury:	12/30/2011
Decision Date:	02/28/2014	UR Denial Date:	08/27/2013
Priority:	Standard	Application Received:	09/24/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Internal Medicine, has a subspecialty in Cardiovascular Disease and is licensed to practice in Texas. 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 physician 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 41-year-old female who reported a work related injury on 12/30/2011, the specific mechanism of injury was a result of a fall. The patient presents for treatment of low back pain and right ankle/foot pain. The clinical note dated 08/16/2013 reports the patient was seen for follow-up under the care of [redacted]. The provider documents the patient's pain level decreased to 2/10 status post chiropractic treatment performed on this date. The provider documents the patient reports increased pain from the left, radiating down the buttock area, as well as right ankle and foot pain. The clinical note documents the patient is not utilizing any medications. Upon physical exam of the patient, the provider documented the patient subjectively reported decreased sensation to the right lower extremity. The provider requested 1 to 2 chiropractic visits for flare up of pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of lumbar spine: 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)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chapter 12 Page(s): 303.

Decision rationale: There was no documentation of any significant neurological, motor, or sensory deficits upon exam of the patient to warrant a repeat imaging study of the lumbar spine. The clinical notes made reference to an MRI of the lumbar spine previously performed; however, this was not submitted for review. Given the lack of specific rationale provided, the current request is not supported. As California MTUS/ACOEM indicates, when the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction can be obtained before ordering a new imaging study. Given the above, the request for MRI of the lumbar spine is not medically necessary or appropriate.

MRI of right ankle: 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)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

Decision rationale: There was no documentation of any significant neurological, motor, or sensory deficits upon exam of the patient to warrant a repeat imaging study of the right ankle. Official Disability Guidelines indicates a repeat MRI is not routinely recommended and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. The clinical notes failed to document a thorough physical exam of the patient's right ankle, which would be indicative of repeat imaging studies for a patient who is status post a work related injury sustained in 12/2011. Given the above, the request for MRI of the right ankle is not medically necessary or appropriate.

Chiropractic sessions, 2 times per week: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58.

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

Decision rationale: The clinical documentation submitted for review reports the patient previously utilized chiropractic treatment for her pain complaints; however, documentation of significant objective functional improvement status post chiropractic interventions were not evidenced in the clinical notes reviewed. California MTUS indicates manual therapy is widely used in treatment of musculoskeletal pain. The intended goal for effective manual medicine is the achievement of positive symptomatic or objective measurable gains and functional improvement that facilitates progression in the patient's therapeutic exercise program and routine to productive activities. Given the lack of documentation evidencing the patient's duration, frequency, and efficacy of the prior utilization of chiropractic treatment, the request for chiropractic sessions, 2 times per week, is not medically necessary or appropriate.

Podiatry consult: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 127.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92.

Decision rationale: There was no documentation of any significant neurological, motor or sensory deficits upon exam of the patient to support a consultation under the care of a podiatrist for the patient's right foot/ankle symptomatology. In addition, the clinical notes failed to document a recent thorough physical exam of the patient's right ankle which would be indicative of the requested consultation with a podiatrist. The goal of such an evaluation is in fact functional recovery and return to work. Given all of the above, the request for podiatry consult is not medically necessary nor appropriate.