

Case Number:	CM13-0029889		
Date Assigned:	04/25/2014	Date of Injury:	08/10/2008
Decision Date:	06/10/2014	UR Denial Date:	09/12/2013
Priority:	Standard	Application Received:	09/25/2013

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 Orthopedic Surgery 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 58-year-old male with industrial injury 8/1/06. The exam note 8/20/13 demonstrates low back pain and tightening. The exam demonstrates decreased sensation in L4/5 dermatomes on the left and 4+/5 left tibialis anterior and extensor hallucis longus. An MRI (magnetic resonance imaging) interpretation from 8/20/13 of L3/4 and L4/5 showed moderate canal stenosis. Prior treatment has included 12 visits of chiropractic care, medications and epidural steroid injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

CHIROPRACTIC TREATMENT, TWELVE (12) MEDS: 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 Manual therapy and manipulation, Page(s): 58.

Decision rationale: According to the CA MTUS/Chronic Pain Medical Treatment Guidelines, manipulation therapy is an option. However, a trial of 6 visits over 2 weeks is recommended with follow up. Follow-up is to ascertain if there has been functional improvement. In this case, there

is insufficient evidence in the literature of functional improvement with the prior visits to warrant medical necessity. Therefore, the request is not certified.

LUMBAR DISCECTOMY LEFT L2-4 AND L4-5: 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), Low Back Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-306. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Discectomy/laminectomy, and American Medical Association (AMA)..

Decision rationale: The CA MTUS/ACOEM is silent on the issue of discectomy. According to the Official Disability Guidelines (ODG), the criteria indicate that there must be a correlating imaging study to evaluate for concordance between the radicular findings and physical examination. While the MRI (magnetic resonance imaging) is interpreted by the treating provider on 8/20/13, it is not a substitute for the actual MRI report. Therefore, the determination is for non-certification.