

Case Number:	CM13-0036387		
Date Assigned:	12/13/2013	Date of Injury:	05/04/2012
Decision Date:	02/21/2014	UR Denial Date:	10/07/2013
Priority:	Standard	Application Received:	10/21/2013

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 Anesthesiology, has a subspecialty in Pain 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 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 54-year-old male who reported an injury on May 04, 2012. The patient is currently diagnosed with lower back pain with bilateral lower extremity radiculopathy secondary to disc herniation. The patient was seen by [REDACTED] on December 02, 2013. The patient reported cervical spine pain with lumbar spine pain. Physical examination revealed normal gait, positive anxiety, and stiffness. Treatment recommendations included chiropractic therapy 3 times per week for 4 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

functional capacity evaluation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 137-138. Decision based on Non-MTUS Citation ODG Functional Capacity Evaluations (FCEs)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Fitness for Duty Chapter, Functional Capacity Evaluation.

Decision rationale: The California MTUS/ACOEM Practice Guidelines state a number of functional assessment tools are available including a functional capacity examination when reassessing function and functional recovery. As per the clinical notes submitted, there is no

documentation of a significant musculoskeletal or neurologic deficit on physical examination. There is no documentation of a defined goal to return to work or job plan that has been established, communicated, and documented. There is also no evidence of a prior unsuccessful return to work attempt, nor evidence that the patient has reached or is close to maximum medical improvement. The patient has been returned to work under full duty capacity. Based on the clinical information received, the medical necessity for the requested service has not been established. Therefore, the request is non-certified.

12 sessions of chiropractic treatment, 3 times per week for 4 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 Page(s): 58.

Decision rationale: The California MTUS Guidelines state manual therapy and manipulation is recommended if caused by a musculoskeletal condition. Treatment for the low back is recommended as a therapeutic trial of 6 visits over 2 weeks. As per the clinical notes submitted, the patient's physical examination does not document range of motion deficits. There is no documentation of a treatment plan with specific measurable goals. Additionally, the current request for 12 chiropractic treatment sessions exceeds guideline recommendations. Therefore, the request is non-certified.

retrospective request for an x-ray of the cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 179. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Cervical radiography: indications for imaging.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

Decision rationale: The California MTUS/ACOEM Practice Guidelines state for most patients presenting with true neck or upper back problems, special studies are not needed unless a 3 or 4-week period of conservative care and observation fails to improve symptoms. There is no documentation of range of motion deficits with regard to the cervical spine. There is no evidence of neurologic deficit upon physical examination. The medical necessity has not been established. Therefore, the request is non-certified

retrospective request for an x-ray of the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Flexion/Extension Imaging Studies.

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

Decision rationale: The California MTUS/ACOEM Practice Guidelines state lumbar spine x-rays should not be recommended in patients with low back pain in the absence of red flags for serious spinal pathology. As per the clinical notes submitted, there was no documentation of a significant musculoskeletal or neurological deficit with regard to the lumbar spine. There is no evidence of red flags for serious spinal pathology, nor evidence of a failure to respond to recent conservative treatment. Based on the clinical information received, the request is non-certified.

retrospective request for x-rays of the bilateral shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 208. Decision based on Non-MTUS Citation ODG Shoulder x-rays: indications for imaging

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-209.

Decision rationale: The California MTUS/ACOEM Practice Guidelines state for most patients presenting with shoulder problems, special studies are not needed unless a 4 to 6 week period of conservative care and observation fails to improve symptoms. There is no documentation of a significant musculoskeletal or neurologic deficit with regard to bilateral shoulders. There is no evidence of red flags for serious spinal pathology. Additionally, there is no evidence of a recent failure to respond to conservative treatment. The medical necessity has not been established. As such, the request is non-certified.

retrospective request for Norco: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-82.

Decision rationale: The California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Baseline pain and functional assessments should be made. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. As per the clinical notes submitted, there is no documentation of a failure to respond to non-opioid analgesics. The patient has continuously utilized this medication. Despite ongoing use, the patient continues to report persistent lower back and neck pain. Satisfactory response to treatment has not been indicated by a decrease in pain level, increase in function, or improved quality of life. Therefore, ongoing treatment cannot be determined as medically appropriate. As such, the request is non-certified.