

Case Number:	CM13-0038778		
Date Assigned:	12/18/2013	Date of Injury:	09/18/2012
Decision Date:	02/28/2014	UR Denial Date:	09/18/2013
Priority:	Standard	Application Received:	10/02/2013

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 Pain Management, has a subspecialty in Disability Evaluation and is licensed to practice in California, Florida, Maryland, and the District of Columbia. 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 43-year-old female, an Office manager for [REDACTED], sustained Injury to her lower back on September 18, 2012 after her feet slipped on the wet floor and her legs spread as she twisted while in the bathroom. With an acute pain in her lower back she reports constant low back pain when sitting for more than 20 minutes and her pain. Though she reported her injury to the owner of the business, she was able to continue working until she went home. Working Diagnosis were Lumbar Facetogenic Pain, Lumbar radiculopathy and Lumbosacral spondylosis without myelopathy. Per the 7/30/13 evaluation by [REDACTED] she reported continued stiffness and pain with activities of daily living that require flexion at the waist or lifting, increased stress induced symptoms and pain. [REDACTED] provided medications that the patient feels are helpful but impair her abilities due to her drowsiness. Relevant objective findings included positive lumbar MRI results, restricted lumbar active range of motion with pain, positive orthopedic testing for lumbar pain, palpable muscle guarding to the lumbar spine, and moderate distress. The patient's work status remains physically unable to perform usual and customary job duties and was instructed to remain on total temporary disability until 9/4/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 sessions of chiropractic treatments: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58-60. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), TWC-Pain Chapter: Manual therapy & manipulation.

Decision rationale: According to the submitted documentation, the patient has completed at least 19 chiropractic sessions, if not more, which has included six sessions of work conditioning exercises since July 2013. However, the patient returned to full duty on 3/28/2013 and later became temporarily totally disabled on 7/16/2013. The evidence based guidelines do not recommend continued chiropractic treatment without documentation of a clinically significant improvement in the patient's activities of daily living and/or work status. Therefore, given that the patient has remained temporarily totally disabled since 7/16/2013; additional chiropractic sessions are not medically warranted. For this reason, the provider's prospective request additional of eight sessions of chiropractic treatment is not medically necessary. According to California MTUS Chronic Pain Medical Treatment Guidelines, page 58-60, Manual therapy & manipulation: Recommended for chronic pain if 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 facilitate progression in the patient's therapeutic exercise program and return to productive activities. Manipulation is manual therapy that moves a joint beyond the physiologic range-of-motion but not beyond the anatomic range-of-motion. ODG-TWC-Pain Chapter: Manual therapy & manipulation: Recommended for chronic pain if caused by musculoskeletal conditions, and manipulation is specifically recommended as an option in the Low Back Chapter and the Neck Chapter. (For more information and references, see those chapters.) 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 facilitate progression in the patient's therapeutic exercise program and return to productive activities. Manipulation is manual therapy that moves a joint beyond the physiologic range-of-motion but not beyond the anatomic range-of-motion. Low back: Recommended as an option. Therapeutic care - Trial of 6 visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks. Elective/maintenance care - Not medically necessary. Recurrences/flare-ups -Need to re-evaluate treatment success, if RTW achieved then 1-2 visits every 4-6 months.

1 follow-up for PMR evaluation and treatment: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7 Official Disability Guidelines (ODG) TWC Pain Procedure Summary

Decision rationale: Medical records documentation confirms that two prior requests for a PM&R evaluation were recommended certified in reviews [REDACTED] and [REDACTED] on 6/19/2013 and 7/24/2013 respectively which resulted in the patient being prescribed multiple medications. The evidence based guidelines recommend for follow up visits to be provided as long as they are determined to be medically necessary. Given that the patient appears to be receiving treatment that outside of the scope of practice of the primary treating physician who is a chiropractor and she has not returned to work, a follow up visit is medically necessary. However, a determination of the medical necessity for treatment cannot be determined without a treatment plan. For these reasons, the provider's prospective request for certification of one follow up for PMR evaluation and treatment was recommended certified with modification to one follow up for PMR evaluation only by the previous UR physician. Therefore the request for 1 follow-up for PMR evaluation and treatment is not medically necessary. CA-MTUS (Effective July 18, 2009) ACOEM Guidelines, 3rd Edition, 2011 chapter 7, regarding independent medical examination and consultation, "If a diagnosis is uncertain or complex, if psychosocial factors are present or if the plan or course of care may benefit from additional expertise, the occupational health physician may refer a patient to other specialists for an independent medical assessment. There are two types of these examination referrals- the consultation and the independent medical examination (IME). A consultation is intended to aid in assessing the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or examinee's fitness for return to work. A consultant is usually requested to act in an advisory capacity, however, may sometimes take full responsibility for investigating and/or treating a patient within the doctor-patient relationship. Also ODG-TWC Pain Procedure Summary last updated 11/14/2013 notes that office visits are recommended as determined to be medically necessary. Evaluation and management (E&M) outpatient visits to the offices of medical doctor(s) 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 health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medicines such as opiates, or medicines such as certain antibiotics, require close monitoring. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes

8 sessions of work conditioning: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation the State of California Worker's Compensation Official Medical Fee Schedule, 4/1/1999 revision, page 504

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Work Conditioning Page(s): 125. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): TWC Lower back (last updated 11/14/2013) (Lumbar and Thoracic) (Acute/Chronic).

Decision rationale: According to the submitted documentation, the patient has completed six sessions of work conditioning despite prior requests being recommended non-certified based upon a lack of medical necessity. The evidence based guideline do not recommend a work conditioning program for a patient who may benefit from other medical treatments. Additionally, the continued participation in a work conditioning program after one-to-two weeks is not medically warranted without documentation of a clinically significant improvement in the patient's functional abilities. Given that the patient appears to be under the care of a specialist for the management of her chronic complaints and has remained temporarily totally disabled despite the completed work conditioning sessions, additional work conditioning sessions are not medically warranted. For these reasons, the provider's prospective request for additional eight sessions of work conditioning is not medically necessary. CA-MTUS(Effective July 18, 2009) page 125 of 127 section on Work conditioning: Recommended as an option, depending on the availability of quality programs. Criteria for admission to a Work Hardening Program: (1) Work related musculoskeletal condition with functional limitations precluding ability to safely achieve current job demands, which are in the medium or higher demand level (i.e., not clerical/sedentary work). An FCE may be required showing consistent results with maximal effort, demonstrating capacities below an employer verified physical demands analysis (PDA). (2) After treatment with an adequate trial of physical or occupational therapy with improvement followed by plateau, but not likely to benefit from continued physical or occupational therapy, or general conditioning. (3) Not a candidate where surgery or other treatments would clearly be warranted to improve function. (4) Physical and medical recovery sufficient to allow for progressive reactivation and participation for a minimum of 4 hours a day for three to five days a week. (5) A defined return to work goal agreed to by the employer & employee: (a) A documented specific job to return to with job demands that exceed abilities, OR (b) Documented on-the-job training (6) The worker must be able to benefit from the program (functional and psychological limitations that are likely to improve with the program). Approval of these programs should require a screening process that includes file review, interview and testing to determine likelihood of success in the program. (7) The worker must be no more than 2 years past date of injury. Workers that have not returned to work by two years post injury may not benefit. (8) Program timelines: Work Hardening Programs should be completed in 4 weeks consecutively or less. (9) Treatment is not supported for longer than 1-2 weeks without evidence of patient compliance and demonstrated significant gains as documented by subjective and objective gains and measurable improvement in func