

Case Number:	CM13-0039157		
Date Assigned:	12/18/2013	Date of Injury:	06/07/2012
Decision Date:	03/21/2014	UR Denial Date:	09/26/2013
Priority:	Standard	Application Received:	10/03/2013

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 Orthopedic Surgery 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 61-year-old female who reported an injury on June 07, 2012. The mechanism of injury was not provided for review. The patient's treatment history has included medications, acupuncture, chiropractic care, and a home exercise program. The patient's most recent clinical evaluation dated August 26, 2013 revealed that the patient had tenderness to palpation along the lumbar spine and paraspinal musculature, and sacroiliac joints with mildly reduced range of motion and a positive Faber with pain on the left. The patient's diagnoses included grade I spondylolisthesis at the L4-5, multilevel facet arthropathy at the lumbar spine, lateral recess stenosis bilaterally at the L3-4, multilevel disc herniations of the lumbar spine, bilateral hip arthralgia, and multiple medication allergies. The patient's treatment plan included continued chiropractic treatment for the hips.

IMR ISSUES, DECISIONS AND RATIONALES

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

Request for outpatient Chiropractic Care, two (2) times a week for four (4) weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Duration Guidelines, Treatment in Workers Compensation, 2012 web-based edition

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Manual therapy & manipulation Section Page(s): 58.

Decision rationale: The California MTUS guidelines do recommend manual therapy to address pain complaints. The clinical documentation dated August 26, 2013 indicates that the patient's treatment plan included continued chiropractic treatment for the patient's hips. The clinical documentation submitted for review does not provide any evidence that the patient has had any chiropractic treatment for the hips. The clinical documentation indicates that the patient's previous chiropractic care has been focused on the lumbar spine. Therefore, the efficacy of prior treatment to the hips would need to be provided to establish the need to continue treatment. Therefore, the outpatient chiropractic care two (2) times a week for four (4) weeks is not medically necessary or appropriate.

Request for a referral to Pain Management for the 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 Duration Guidelines, Treatment in Workers Compensation, 2012 web-based edition

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Opioids On-Going Management Section, Page(s): 78.

Decision rationale: The California MTUS guidelines state that consultation with a multidisciplinary pain clinic is appropriate and medication is required beyond what is usually expected for the patient's condition or if pain does not improve with medications. The clinical documentation submitted for review documents that the patient's pain is managed with Tylenol and Ibuprofen. There is no documentation of medication usage that requires close monitoring or that the patient's treatment plan includes therapies that would require pain management oversight. As such, the requested pain management for the lumbar spine is not medically necessary or appropriate.