

Case Number:	CM13-0039407		
Date Assigned:	12/18/2013	Date of Injury:	11/06/2012
Decision Date:	02/19/2014	UR Denial Date:	10/01/2013
Priority:	Standard	Application Received:	10/28/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Management 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:

This is a male patient with a date of injury of 11/6/12. A utilization review determination dated 10/1/13 recommends non-certification of chiropractic treatment, physical therapy, ESWT for lumbar and cervical spine, and psychological consultation. A progress report dated 9/10/13 is mostly illegible. The subjective and objective findings are illegible. Diagnoses include "displaced lumbar intervertebral disc; c/s displaced disc bulge; L knee internal derangement; L elbow sp/st; and R wrist internal derangement. Treatment plan recommends MRI L knee and L elbow, ESWT c/s, l/s, pain management, chiro/PT 2 x 6, acu 1 x 6, toxicology UA, and patient education on all orders.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic treatment 1x week for 6 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 Page(s): 58-60.

Decision rationale: Regarding the request for chiropractic treatment, it appears that this form of treatment has been utilized in the past. California MTUS supports continued treatment only when

there is evidence of objective functional improvement. In the case of recurrences/flare-ups, 1-2 visits every 4-6 months are supported if return to work has been achieved with previous treatment. Within the documentation available for review, there is no evidence that either of the abovementioned criteria have been met. In the absence of such documentation, the currently requested chiropractic treatment is not medically necessary.

Physical therapy 1x week for 6 weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98.

Decision rationale: Regarding the request for physical therapy, it appears that this form of treatment has been utilized in the past. California MTUS cites that "patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels." Within the documentation available for review, there is no evidence of objective improvement with previous therapy and functional deficits that cannot be addressed within the context of an independent home exercise program, yet are expected to improve with additional formal supervised therapy. In the absence of such documentation, the currently requested chiropractic treatment is not medically necessary.

ESWT for lumbar and cervical spine: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Shock wave therapy; and Other Medical Treatment Guideline or Medical Evidence: Anthem Medical Policy # SURG.00045 Extracorporeal Shock Wave Therapy for Orthopedic Conditions.

Decision rationale: Regarding the request for ESWT for lumbar and cervical spine, California MTUS does not address the issue. The Official Disability Guidelines (ODG) does not address the issue for the cervical spine, but cites that it is not recommended for the lumbar spine as the available evidence does not support its effectiveness in treating low back pain. Anthem medical policy notes that ESWT for the treatment of musculoskeletal conditions is considered investigational and not medically necessary. In light of the above issues, the currently requested ESWT for lumbar and cervical spine is not medically necessary.

Psychological consultation: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 99-100.

Decision rationale: Regarding the request for psychological consultation, California MTUS supports the use of psychological evaluation in the evaluation/management of chronic pain patients to help distinguish between conditions that are preexisting, aggravated by the current injury or work related and to determine if further psychosocial interventions are indicated. Within the documentation available for review, there is no documentation of any psychological symptoms and/or findings suggestive of the need for specialty evaluation. In the absence of such documentation, the currently requested psychological consultation is not medically necessary.