

Case Number:	CM13-0058404		
Date Assigned:	12/30/2013	Date of Injury:	04/15/2013
Decision Date:	03/26/2014	UR Denial Date:	11/18/2013
Priority:	Standard	Application Received:	11/26/2013

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 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 claimant is a 31-year-old individual who was injured in a work related accident on April 15, 2013. Recent clinical assessment for review includes documentation of a low back injury for which recent MRI of November 1st showed multilevel disc bulging with grade I retrolisthesis at the L2-3 level and facet changes at the L4-5 and L5-S1 level. Recent conservative treatment is documented to have included chiropractic measures, medication management and therapy. Most recent clinical assessment of November 11, 2013 showed continued complaints of low back pain with occasional left leg pain with an examination showing tenderness and no documented neurologic abnormality. It is stated from clinical records that the claimant has already utilized twenty-four sessions of chiropractic treatment since time of injury. At present there is current request for continuation of chiropractic management for six additional sessions as well as referral to a neurosurgeon for further assessment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional chiropractic sessions x 6 for the thoracic and lumbar spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58-59.

Decision rationale: The Physician Reviewer's decision rationale: Based on California MTUS Chronic Pain Medical Treatment Guidelines, continued chiropractic sessions for the claimant's lumbar spine would not be indicated. Timeframe to produce effect is four to six treatments with maximal duration being eight weeks. Records in this case indicate the claimant has already undergone twenty-four formal sessions of chiropractic therapy and continuation of this form of modality would not be supported based on Guideline criteria.

Neurosurgeon consult: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 92. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM) Independent Medical Examination in Consultations, Chapter 7, pg. 127; and Official Disability Guidelines (ODG), Lumbar Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004)-- CA MTUS ACOEM OMPG (Second Edition, 2004), Chapter 7 Independent Medical Examinations and Consultations, page 127.

Decision rationale: The Physician Reviewer's decision rationale: Based in California MTUS Guidelines, consultation referral to a neurosurgeon also would not be indicated. The records in this case indicate lumbar pain complaints with subjective radiating left leg pain but no formal documentation of a radicular process on examination. The claimant's current clinical picture including imaging and recent physical examination for review would not indicate need for a surgical process. The role of neurosurgical referral in this case, thus, would not be indicated.