

Case Number:	CM13-0061486		
Date Assigned:	12/30/2013	Date of Injury:	11/01/2011
Decision Date:	05/08/2014	UR Denial Date:	11/11/2013
Priority:	Standard	Application Received:	12/05/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation and is licensed to practice in Illinois. 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 expert 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 injured worker is a 42-year-old male who reported injury on 11/01/2011. The mechanism of injury was the injured worker and a coworker carried a sofa out to a truck, and the injured worker had to go down several steps. The injured worker walked too fast down the stairs and did not have time to step on the stairs and went down with the sofa and landed on top of the sofa, twisting his right knee in the process, and had pain in the middle spine region. The documentation of 11/04/2013 revealed the injured worker had palpable tenderness in the thoracic spine and pain with all pressure. The injured worker had restricted range of motion. The diagnosis included thoracic and lumbar disc prolapse. The request was made for an orthopedic spine consult and pain management physician, as well as 6 chiropractic visits for the lumbar and thoracic spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

SIX (6) CHIROPRACTIC VISITS FOR LUMBAR AND THORACIC SPINE: Upheld

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

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

Decision rationale: California MTUS Guidelines recommend manual therapy for chronic pain if it is caused by musculoskeletal conditions. Treatment for flare-ups requires a re-evaluation of prior treatment success. There was a lack of documentation indicating the prior number of sessions and the objective functional benefit received from prior therapy. Given the above, the request for six (6) chiropractic visits for lumbar and thoracic spine is not medically necessary.

CONSULTATION OF ORTHOPEDIC , SPINE SURGEON: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

Decision rationale: ACOEM Guidelines indicate that a surgical consult is appropriate for patients who have severe and disabling lower leg symptoms in a distribution consistent with abnormalities on imaging studies (radiculopathy), preferably with accompanying objective signs of neural compromise, activity limitation due to radiating leg pain for more than 1 month or extreme progression of lower leg symptoms, clear clinical, imaging, and electrophysiological evidence of a lesion that has been shown to benefit in both the short and long term from surgical repair, and a failure of conservative treatment to resolve disabling radicular symptoms. The clinical documentation submitted for review failed to indicate the injured worker met the above criteria. There was a lack of documentation indicating the injured worker had objective signs of neural compromise and had imaging studies to support the necessity for a referral. Given the above, the request for consultation of orthopedic, spine surgeon is not medically necessary.

PAIN MANAGEMENT CONSULTATION: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ONGOING MANAGEMENT Page(s): 78.

Decision rationale: California MTUS Guidelines recommend consideration of a consultation with a multidisciplinary pain clinic if doses of opioids are required beyond what is usually required for the condition or pain does not improve on opioids in 3 months. The clinical documentation submitted for review failed to indicate the medications the injured worker was taking. There was a lack of documented rationale for the request. Given the above, the request for pain management consultation is not medically necessary.