

Case Number:	CM13-0072722		
Date Assigned:	01/17/2014	Date of Injury:	03/30/2012
Decision Date:	04/22/2014	UR Denial Date:	11/26/2013
Priority:	Standard	Application Received:	12/31/2013

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 Family Practice, has a subspecialty in Pain Medicine, 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:

57 yr. old male claimant sustained a work related injury on 3/30/12 resulting in neck, arm and back pain. An MRI on 9/4/13 showed multi-level degenerative disk disease at L4-L5, C4-C5 and C5-C6. An examination report on 11/5/13 indicated continued pain with activities of daily living despite undergoing therapy. Objective findings included palpatory tenderness of the lumbar spine and restricted range of motion. His orthopedic surgeon recommended a pain management specialist for diagnostic studies and treatment modalities as well as a chiropractic treatment 3 times a week for 4 weeks. The claimant had seen a chiropractor from 1998 to June 2012.

IMR ISSUES, DECISIONS AND RATIONALES

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

PAIN MANAGEMENT CONSULTATION AND TREATMENT: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Independent Medical Examinations and Consultations Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7), pg. 127

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Independent Medical Examinations and Consultations Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7) pg. 127

Decision rationale: According to the ACOEM guidelines, a specialist referral may be made if the diagnosis is uncertain, extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A consultation is used to aid in diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or examinees' fitness for return to work. In this case, the employee had been seeing an orthopedic surgeon and had a known diagnosis. There is no documentation of failure with analgesics or considerations of other modalities. Pain score subjective responses are not known. The diagnosis was not out of the scope of practice of the treating physician, uncertain or complex. The request for a pain consultation is not medically necessary.

CHIROPRACTIC TREATMENT OR PHYSICAL THERAPY, THREE (3) TIMES A WEEK FOR FOUR (4) WEEKS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section Manipulative Medicine Page(s): 127.

Decision rationale: According to the MTUS guidelines, chiropractic therapy is a form of manual therapy and indicates that manual therapy and manipulation is 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. For the low back, manual therapy and manipulation is recommended as an option for the following: 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 or maintenance care - Not medically necessary. Recurrences/flare-ups - Need to re-evaluate treatment success, if return to work is achieved then 1-2 visits every 4-6 months. As noted above, the therapy is recommended as an option up to 8 weeks. In this case, the employee had seen a chiropractor for 5 years without documentation of functional benefit. The additional visits are not medically necessary.