

Case Number:	CM14-0005806		
Date Assigned:	02/07/2014	Date of Injury:	02/03/2011
Decision Date:	09/10/2014	UR Denial Date:	12/12/2013
Priority:	Standard	Application Received:	01/13/2014

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 Psychiatry, 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 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:

Injured worker is a 71 year old female with date of injury 2/3/2011. Date of the UR decision was 12/12/2013. She suffers from lumbar radiculopathy and severe spinal stenosis secondary to work related injury. Report dated 06/20/2013 indicated that she has had acupuncture treatment for her low back that has helped improve her low back symptoms. It was also indicated that she had been having increased depressive symptoms as her lower back pain had decreased her quality of life. Report dated 12/5/2013 indicated that she had been experiencing lower back pain as well as right hip pain. Physical examination of Lumbar spine per that report suggested tenderness in Paravertebral muscles, presence of spasm, restricted range of motion, reduced sensation in bilateral feet, bilateral positive Straight-leg-raising test and reduced motor strength in bilateral ankle/plantar dorsiflexion. It has been indicated that the injured worker has not been not taking any oral medications. She has used topical medications for her lower back, which alleviated her pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

CHIROPRACTOR TREATMENT 3X4 BACK: Upheld

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

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

Decision rationale: The MTUS states "Manual therapy & manipulation: 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. Low back is recommended as an option. Therapeutic care - Trial of 6 visits over 2 weeks, with evidence of objective functional improvement, up to 18 visits over 6-8 weeks. Elective/maintenance care is not medically necessary. Recurrences/flare-ups need to reevaluate treatment success, if RTW achieved then 1-2 visits every 4-6 months. Ankle and Foot is not recommended. Carpal tunnel syndrome is not recommended. Forearm, Wrist, & Hand is not recommended. Knee is not recommended." The request for Chiropractic treatment 3 x4 back is not medically necessary based on the above mentioned guideline recommendations. The injured worker suffers from lumbar radiculopathy and severe spinal stenosis secondary to work related injury.

PSYCHOLOGY/PSYCHIATRIC CONSULT (PER JURIS NOTE DATED 08/01/2013 PSYCH NOT COMPENSABLE): Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 398,Chronic Pain Treatment Guidelines PsychologicalEvaluations Page(s): 100.

Decision rationale: MThe MTUS states that Psychological evaluations are recommended. Psychological evaluations are generally accepted, well-established diagnostic procedures not only with selected use in pain problems, but also with more widespread use in chronic pain populations. Diagnostic evaluations should distinguish between conditions that are preexisting, aggravated by the current injury or work related. Psychosocial evaluations should determine if further psychosocial interventions are indicated. ACOEM guidelines page 398 states specialty referral may be necessary when patients have significant psychopathology or serious medical co morbidities. There is no AME report in the submitted documentation that would suggest that the psychological symptoms are secondary to industrial injury. The Psychology/Psychiatry consult is not medically necessary.