MAXIMUS Federal Services

Case Number:	CM14-0103292		
Date Assigned:	07/30/2014	Date of Injury:	11/08/2013
Decision Date:	09/03/2014	UR Denial Date:	06/10/2014
Priority:	Standard	Application Received:	07/03/2014

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 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 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 complains of pain in the neck and lower back. On lumbar spine exam there is no bruising or swelling present at the lumbar spine. There is tenderness to palpation of the lumbar paravertebral muscles. There is muscle spasm of the lumbar paravertebral muscles. Range of motion of the lumbar spine reveals decreased motion and painful. Flexion range is 50 degrees, extension 15 degrees. Orthopedic tests showed that Kemp's causes pain bilaterally. Sitting straight leg raise causes her pain bilaterally. Valsalva's and Neer tests cause her pain. Supraspinatus press also causes her pain. There is tenderness to palpation of the anterior knee and lateral knee. The left knee range of motion is decreased and painful. Flexion range 135 degrees, extension 0 degrees. Motor strength was 5/5 in both upper and lower extremities. Sensation was decreased globally in both upper and lower extremities. Reflexes are normal and equal. She was prescribed medication and was sent back to work under work restrictions which included no heavy listing and no bending. This treatment did not help with the injured worker's systems. Her diagnoses are lumbosacral sprain/strain, lumbar muscle spasm, rule out lumbar disc protrusion, rule out lumbar radiculitis, left knee sprain/strain, and left knee chondromalacia. She underwent chiropractic treatment and physiotherapy 2-3 times per week for 6 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic therapy, 2-3 times a week for 6 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 173,Chronic Pain Treatment Guidelines Low Back and Neck. Decision based on Non-MTUS Citation Official Disability Guidelines - Chiropractic.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy Page(s): 58-60.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, manual therapy 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 injured worker's therapeutic exercise program and return to productive activities. For therapeutic care of the low back, the guidelines recommend a trial of 6 visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks, may be recommended. The medical necessity of the request is not established in this case. There is no documentation of any significant improvement in the objective measurements such as pain level, range of motion or function. Based on the documentation and guidelines, the request for chiropractic therapy is not medically necessary.

MRI of Lumbar Spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - Lumbar: MRI.

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 MRI.

Decision rationale: According to the Official Disability Guidelines, magnetic resonance imaging is recommended in lumbar spine trauma with neurological deficits, uncomplicated low back pain with red flag signs (cancer, infection, etc.), uncomplicated low back pain with prior lumbar surgery, uncomplicated low back pain with cauda equina syndrome, myelopathy, or in uncomplicated low back pain after at least 1 month conservative therapy.There is no evidence of any of the above criteria in this injured worker. Therefore per guidelines, the request for an MRI of the lumbar spine is not medically necessary.

MRI of Left Knee: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Knee MRI.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee MRI.

Decision rationale: Per Official Disability Guidelines, the indications for imaging include acute trauma to knee (significant), suspected posterior knee dislocation or ligament/cartilage disruption, or in non-traumatic knee with internal derangement, or for post-surgical evaluation.

There is no evidence of any of the above criteria in this injured worker. Therefore per guidelines, the request for an MRI of the left knee is not medically necessary.

Functional Capacity Examination (FCE): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Functional Capacity Evaluation.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Fitness for Duty, Functional capacity evaluation (FCE).

Decision rationale: As per Official Disability Guidelines, functional capacity evaluation is recommended prior to admission to a work hardening program. The guidelines state criteria for admission to work hardening program include previous physical therapy; there is evidence of treatment with an adequate trial of active physical rehabilitation with improvement followed by plateau, with evidence of no likely benefit from continuation of this previous treatment. The medical records document that the injured worker has received chiropractic treatment, but there is insufficient details to confirm the absolute failure of physical medicine to control her pain. Moreover, the records indicate that referral for chiropractic treatment is requested. Therefore, the injured worker is not a candidate for work hardening program; and thus the request for the functional capacity evaluation is not medically necessary.