

Case Number:	CM14-0010763		
Date Assigned:	02/21/2014	Date of Injury:	12/15/2012
Decision Date:	10/09/2014	UR Denial Date:	01/16/2014
Priority:	Standard	Application Received:	01/27/2014

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 Internal 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 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 54 year old male who reported an injury to his back and left lower extremity. The clinical note dated 02/11/14 indicates the injured worker having sustained a trauma on 12/15/12 resulting in low back and left leg pain. The note indicates the injured worker having undergone physical therapy as well as the use of Hydrocodone, Naprosyn, and Cyclobenzaprine. The injured worker rated his ongoing pain as 6/10. Painful range of motion was identified throughout the lumbar spine. Pain was also elicited upon palpation. Spasms were revealed throughout the lumbar spine. Sensation deficits were identified in both feet. Tenderness was identified upon palpation as well as spasms over the lumbar paraspinals bilaterally. 4/5 strength was identified with the hip flexors. The injured worker was able to demonstrate ten degrees of flexion and extension as well as twenty degrees of bilateral lateral flexion. Tenderness was identified over the L4-5 and L5-S1 levels. The utilization review dated 01/31/14 indicates the injured worker being certified for an internal medicine consultation. The utilization review dated 01/16/14 resulted in a denial for work conditioning/functional restoration, chiropractic therapy, as well as an internal medicine consultation. The clinical note dated 12/04/13 indicates the injured worker complaining of 8/10 pain at that time. 4/5 strength was identified with knee flexors on the left. Diminished reflexes were identified at the patella bilaterally. The therapy note dated 12/03/13 indicates the injured worker having completed eleven physical therapy sessions to date. The MRI dated 03/12/13 revealed an L4-5 disc protrusion abutting the thecal sac. A disc protrusion was revealed at L5-S1 along with facet hypertrophy producing spinal canal narrowing. The electrodiagnostic studies completed on 03/14/13 revealed essentially normal findings. The therapy note dated 07/31/13 indicates the injured worker having completed 50 physical therapy sessions addressing the back and leg complaints.

IMR ISSUES, DECISIONS AND RATIONALES

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

Work conditioning/functional restoration: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs (functional restoration programs) Page(s): 30-32.

Decision rationale: The request for work conditioning/functional restoration is not medically necessary. The documentation indicates the injured worker complaining of low back and lower extremity pain. According to Chronic Pain Medical Treatment Guidelines a functional restoration program is indicated provided the injured worker meets specific criteria to include significant functional deficits continuing despite completion of conservative therapies. There is an indication the injured worker has completed a significant number of physical therapy sessions. However, there is no indication that the injured worker continued with significant functional deficits likely to benefit from a work conditioning program. Additionally, no information was submitted regarding the specific number, duration, or frequency of the requested work conditioning program. Given these factors, this request is not indicated as medically necessary.

Chiropractic treatment: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The request for chiropractic treatment is not medically necessary. According to Chronic Pain Medical Treatment Guidelines, a trial of up to three chiropractic treatments would be indicated provided the injured worker meets specific criteria to include the specific number of chiropractic therapy sessions being requested. No information was submitted regarding the number of sessions being requested. Additionally, the injured worker has been identified as having multiple areas of complaints. Therefore, it is unclear as to the specific focus of the intended chiropractic treatments. Given these factors, the request is not indicated as medically necessary

Internal medicine consult: Overturned

Claims Administrator guideline: The Claims Administrator 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), Chapter 7, page 127

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), Chapter 7, page 127

Decision rationale: The clinical notes indicate the injured worker rating the ongoing pain as 8/10. Additionally, there is indication the injured worker continues with the use of hydrocodone. Given the ongoing opioid use to address the severe levels of pain, this request is medically necessary.