

Case Number:	CM14-0015558		
Date Assigned:	02/28/2014	Date of Injury:	07/22/2013
Decision Date:	08/14/2014	UR Denial Date:	01/30/2014
Priority:	Standard	Application Received:	02/06/2014

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 Orthopedic Surgery 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:

This is a 42-year-old male with a 7/22/2013 date of injury, when he was working at a job site using a large pipe wrench and was tightening a large brass fitting onto a brass pipe, the brass fitting became cross-threaded and "froze", this causing a jarring sensation in the low back with a "popping". In addition, sometime in August 2013, he was told to remove all his personal tools and equipment from a yard, as he grabbed one large box of tools, weighting over 100lbs, he could not hold the weight and let go with his left hand, but this right hand could not fully release the other handle. 1/30/14 determination was modified. Chiropractic manipulation for the lumbar spine was modified from 8 requested sessions to 6 sessions. A wrist MRI, orthopedic spine evaluation, and referral to pain management specialist (to manage oral medications) were non-certified. 1/30/14 appeal letter from [REDACTED] identified that the patient did not have a medical physician to managing oral medications. Regarding orthopedic spine evaluation, the provider states that the MR scan showed a recurrent broad-based central disc protrusion at L4-5 with annular bulging that effaces the thecal sac and origin of the bilateral L5 nerve roots. On clinical evaluation the patient had positive SLR, increased left leg pain with coughing and sneezing, and weakness in the left leg. It was noted that the patient's previous treatment included medications, rest, and physical therapy. With regards to the wrist MRI, it was noted that the patient has experienced pain and swelling in the right wrist, over the radial aspect. 1/24/14 chiropractic report identified 7-8/10 low back pain, tingling, numbness, and burning pain in the left leg, which is most prominent in the lower leg and foot. There is occasional tingling to the right leg. Exam revealed decreased sensation in the left lower leg in a fairly global distribution. 4/5 EHL strength. There was right wrist generalized swelling over the radial aspect of the right wrist. Records indicate that [REDACTED] was providing medication for the patient. 8/2/13 lumbar spine MRI report identified prior midline laminectomy at L4-5, small recurrent broad-

based central protrusion effacing the thecal sac and origin of the L5 nerve roots bilaterally greater on the left. Underlying high intensity zone, Type 1 endplate change.

IMR ISSUES, DECISIONS AND RATIONALES

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

CHIROPRACTIC THERAPY 6 SESSIONS: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MANUAL THERAPY AND MANIPULATION.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (Low Back , CA MTUS 2009 9792.24.2 Page(s): 298-299, 58.

Decision rationale: The patient has low back pain with some radicular findings. He has not been treated with chiropractic therapy. CA MTUS states that manipulation appears safe and effective in the first few weeks of back pain without radiculopathy. In addition, a request to initiate treatment would make it reasonable to require documentation of objective functional deficits, and functional goals for an initial trial of 6 chiropractic/manipulation treatment. At the time of the prior determination the request for 8 sessions was appropriately modified to 6 sessions, which are the session now in dispute. Therefore, the medical necessity has been substantiated for chiropractic therapy sessions x 6.

MRI OF THE RIGHT WRIST: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268.

MAXIMUS guideline: The Expert Reviewer based his/her decision on the MTUS ACOEM Practice Guidelines, Chapter 11 Forearm, Wrist, and Hand Complaints and on the Non-MTUS Official Disability Guidelines (ODG) Forearm, Wrist, and Hand Chapter.

Decision rationale: MTUS criteria for hand/wrist MRI include normal radiographs and acute hand or wrist trauma or chronic wrist pain with a suspicion for a specific pathology. The patient has chronic wrist pain despite medications and rest. However, there is no indication that x-rays have been performed or that a specific pathology was being suspected that required performing an MRI without previously obtaining x-rays. The medical necessity was not substantiated.

ORTHOPEDIC SPINE EVALUATION: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Procedure Summary.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-307.

Decision rationale: The patient appears to have radicular symptoms and findings in a dermatomal distribution that is corroborated by imaging findings. However, there has been a

concurrent request and certification of chiropractic therapy, and it would be reasonable to await the outcome of those sessions prior to proceeding to a surgical consultation. In addition, the patient had been seen by an orthopedic surgeon and there was no indication that a spine surgery consultation is recommended. There was no clear indication for a spine surgery consultation.

Therefore the request is not substantiated.

REFERRAL TO PAIN MANAGEMENT SPECIALIST TO MANAGE ORAL MEDICATIONS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Procedure Summary.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 127-156. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG Pain ChapterOffice Visit.

Decision rationale: CA MTUS states that consultations are recommended, and a health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present or when the plan or course of care may benefit from additional expertise. While medication management was appropriate and a physician should be monitoring medication intake, it appeared that the patient had been prescribed medications by [REDACTED]. It was not clear if the patient continued to receive medications from this physician. The medical necessity was not substantiated.