

Case Number:	CM14-0137876		
Date Assigned:	09/05/2014	Date of Injury:	03/31/2006
Decision Date:	10/02/2014	UR Denial Date:	08/20/2014
Priority:	Standard	Application Received:	08/26/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 46 year old with an injury date on 3/31/06. Patient complains of a flare-up of lower back pain that is constant, penetrating, and tingling with radiation down posterior aspect of bilateral legs to the knees, with weakness, rated 6-7/10 per 6/18/14 report. Patient also has constant cervical pain rated 4-5/10 with tingling and radiation into right upper extremity to the elbow per 6/18/14 report. Patient has constant shoulder pain, tightness in chest when stressed, and frequent headaches rated 4/10 per 6/18/14 report. Based on the 6/18/14 progress report provided by [REDACTED] the diagnoses are: 1. headache 2. cervical sprain 3. thoracic sprain 4. lumbar sprain 5. myalgia and myositis unspecified 6. lumbar disc herniations 7. lumbar radiculopathy 8. sprain of unspecified site of shoulder and upper arm 9. disorders of bursae and tendons in shoulder region unspecified 10. spasm of muscle 11. anxiety state unspecified 12. unspecified sleep disorder 13. lumbosacral plexus lesions Exam on 6/18/14 showed "L-spine range of motion moderately reduced, particularly flexion at 30/80 degrees. Tingling sensation to left thigh and calf muscle on forward bending. Deep tendon reflexes normal." [REDACTED] is requesting 4 chiropractic treatments and 1 orthopedics / pain management consultation. The utilization review determination being challenged is dated 8/20/14 and does not give a reason for the denial, and only lists the guidelines. [REDACTED] is the requesting provider, and he provided treatment reports from 1/21/14 to 6/18/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

4 Chiropractic treatments: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chapter on Manual Therapy and Treatments, Page(s): 58-59.

Decision rationale: This patient presents with back pain, neck pain, shoulder pain, chest pain, and headaches. The treater has asked for 4 chiropractic treatments on 6/18/14. The 6/18/14 report states patient has not received chiropractic treatment in over 1 year. MTUS guidelines allow up to 18 sessions of treatments following initial trial of 3-6 if functional improvements can be documented. In this case, the patient has not had any recent chiropractic treatments. Given the patient's flare-up of lower back pain, the requested trial of 4 chiropractic treatments appears reasonable for this type of condition. Recommendation is for authorization.

1 orthopedic/pain management consultation: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM guidelines, chapter 7, page 127

Decision rationale: This patient presents with back pain, neck pain, shoulder pain, chest pain, and headaches. The treater has asked for 1 orthopedics / pain management consultation on 6/18/14. The patient is not currently taking medications due to lack of insurance authorization, but has found Vicodin and Ambien helpful, as well as Citalopram for depression per 6/18/14 report. Regarding consultations, ACOEM states that the occupational 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. In this case, the orthopedic/pain management consultation appears reasonable considering patient's chronic pain condition. Recommendation is for authorization.