

Case Number:	CM14-0155459		
Date Assigned:	09/25/2014	Date of Injury:	02/21/2014
Decision Date:	10/29/2014	UR Denial Date:	09/05/2014
Priority:	Standard	Application Received:	09/23/2014

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 Family Medicine and is licensed to practice in Texas. 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 55-year-old male with a reported date of injury on 02/21/2014. The mechanism of injury was submitted within the medical records. His diagnoses were noted to include degenerative disc disease with central canal/neuro foraminal stenosis and facet osteoarthritis, right shoulder rotator cuff tear, tendonitis, bilateral hip osteoarthritis, and tensor fascia lata fasciitis. His previous treatments were noted to include chiropractic treatment and medications. The progress note dated 06/26/2014 revealed complaints of lumbar, right shoulder, and bilateral hip pain, rated 5/10 to 7/10. The injured worker complained of radiated pain to the bilateral lower extremities. The physical examination revealed decreased range of motion to the lumbar spine with tenderness to palpation with spasms to the lumbar paravertebral muscles. There was positive sciatic notch bilaterally and decreased range of motion with secondary to pain. The progress note dated 07/25/2014 revealed complaints of right shoulder, bilateral hip and lumbar spine pain, rated 7/10. The injured worker indicated the upper back pain radiated to the hand with numbness, tingling, and weakness. The injured worker indicated pain with raising his arm over his head and lifting, carrying, pushing, or pulling. The injured worker indicated increased pain with resting on the right side and decreased with medications. The physical examination revealed decreased range of motion to the lumbar spine and tenderness to palpation to the deltoid/trapezius/pectoralis muscle. There was decreased range of motion with pain, and pain on motion against resistance. The Request For Authorization form dated 07/25/2014 was for chiropractic therapy 2 times 4 visits, initial orthopedic consultation, neuro/spinal consultation, internal medicine consultation, and a retrospective review for chromatography; however, the provider's rationale was not submitted within the medical records.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 Chiropractic therapy 2 x 4 visits: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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

Decision rationale: The request for chiropractic therapy 2 x 4 visits is not medically necessary. The injured worker has participated in previous chiropractic treatment. The California Chronic Pain Medical Treatment Guidelines recommend manual therapy and manipulation 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 therapy 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 product activities. The guidelines recommend manual therapy and manipulation for the low back with a trial of 6 visits over 2 weeks, and with evidence of objective functional improvement, a total of up to 18 visits over 6 to 8 weeks. There is a lack of documentation regarding objective functional improvement with previous chiropractic treatments. Additionally, there is a lack of documentation regarding the number of sessions completed. Additionally, the request for 8 chiropractic visits exceeds guideline recommendations and the request failed to provide the body region at which chiropractic therapy is to be applied. Therefore, the request is not medically necessary.

Initial orthopedic consultation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM CHAPTER 7 Independent Medical Examinations and Consultations. pg 127

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chapter 6, page 163.

Decision rationale: The request for initial orthopedic consult is not medically necessary. The injured worker has received chiropractic treatment and medications for pain. The ACOEM Guidelines state that if a diagnosis is uncertain or complex, if psychosocial factors are present, or if the plan or course of care may benefit from additional expertise, the occupational health physician may refer a patient to other specialists for an independent medical assessment. A consultation is intended to aid in assessing the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or examinee's fitness for return to work. A consultant is usually requested to act in an advisory capacity, but may sometimes take full responsibility for investigating and/or treating a patient within the doctor/patient relationship. There is a lack of documentation showing therapeutic management had been exhausted within the treating physician's scope of practice. Therefore, the request is not medically necessary.

Neuro/Spine consultation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM CHAPTER 7 Independent Medical Examinations and Consultations. Pg 127.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chapter 6, page 163.

Decision rationale: The request for neuro/spine consult is not medically necessary. The injured worker has received chiropractic treatment and medications for pain. The ACOEM Guidelines state that if a diagnosis is uncertain or complex, if psychosocial factors are present, or if the plan or course of care may benefit from additional expertise, the occupational health physician may refer a patient to other specialists for an independent medical assessment. A consultation is intended to aid in assessing the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or examinee's fitness for return to work. A consultant is usually requested to act in an advisory capacity, but may sometimes take full responsibility for investigating and/or treating a patient within the doctor/patient relationship. There is a lack of documentation showing therapeutic management had been exhausted within the treating physician's scope of practice. Therefore, the request is not medically necessary.

Internal medicine consultation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM CHAPTER 7 Independent Medical Examinations and Consultations. Pg 127.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chapter 6, page 163

Decision rationale: The request for internal medicine consult is not medically necessary. The injured worker has received chiropractic treatment and medications for pain. The ACOEM Guidelines state that if a diagnosis is uncertain or complex, if psychosocial factors are present, or if the plan or course of care may benefit from additional expertise, the occupational health physician may refer a patient to other specialists for an independent medical assessment. A consultation is intended to aid in assessing the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or examinee's fitness for return to work. A consultant is usually requested to act in an advisory capacity, but may sometimes take full responsibility for investigating and/or treating a patient within the doctor/patient relationship. There is a lack of documentation showing therapeutic management had been exhausted within the treating physician's scope of practice. Therefore, the request is not medically necessary.

Chromatography - retro review.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 43.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pain, Urine Drug Testing

Decision rationale: The request for chromatography - retro review is not medically necessary. The injured worker has participated in chiropractic treatment and received medications for pain. The Official Disability Guidelines state laboratory based specific drug identification, which includes gas chromatography/mass spectrometry or liquid chromatography tandem mass spectrometry. These tests allow for identification and quantification of specific drug substances. They are used to confirm the presence of a given drug, and/or to identify drugs that cannot be isolated by screening tests. The tests also allow for identification of drugs that are not identified in the amino acid screen. These are generally considered confirmatory tests and have a sensitivity or/and specificity of around 99%. These tests are particularly important when results of a test are contested. The guidelines state to perform confirmation when the point of contact screen is appropriate for the prescribed drugs without evidence of nonprescribed substances, confirmation is generally not required. Confirmation should be sought for all samples testing negative for prescribed drugs, all samples positive for nonprescribed opioids, and all samples positive for illicit drugs. There is a lack of documentation regarding previous urine drug testing with negative prescription, positive nonprescribed opioids, and positive for illicit drugs. Therefore, the request is not medically necessary.