

Case Number:	CM14-0157090		
Date Assigned:	09/30/2014	Date of Injury:	01/09/1991
Decision Date:	10/31/2014	UR Denial Date:	09/23/2014
Priority:	Standard	Application Received:	09/25/2014

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 & Rehabilitation 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 55-year-old female who reported an injury on 01/09/1991. The mechanism of injury was not provided. The diagnoses included degeneration of lumbar or lumbosacral intervertebral disc and displacement of lumbar intervertebral disc without myelopathy. The past medical treatments included medications and chiropractic therapy. Diagnostic testing included an MRI of lumbar spine without contrast on 04/03/2014. Surgical history was not provided. The injured worker complained of intermittent pain in lower back traveling to the lumbar spine, which she described as deep aching and stabbing, rating her pain at 3/10 to 4/10 on the pain scale on 08/15/2014. The injured worker noted that pain is improving with the help of chiropractic therapy. The injured worker stated chiropractic treatment 2 times per week for the last 4 weeks had limited improvement. The physical examination of lumbar spine revealed Kemp's test/facet is positive on both sides. The straight leg raise SLR (straight leg raise) seated test was positive bilaterally, at levels of L3-4, L4-5, L5-S1, and S1 palpation revealed mild paraspinal tenderness, muscle guarding and spasms bilaterally. Medications were not provided. The treatment plan is for 8 chiropractic manipulative treatments and pain management consultation with epidural injection and facet block. The rationale for the request was not submitted. The Request for Authorization form was submitted on 08/15/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 chiropractic manipulative treatments: Upheld

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

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

Decision rationale: The request for 8 chiropractic manipulative treatments is not medically necessary. The injured worker has received 2 times per week for the last 4 weeks chiropractic treatments and improvement has been limited per the provider of 08/15/2014. The California MTUS guidelines note chiropractic treatment is recommended for chronic pain if caused by musculoskeletal conditions. The intended goal of Manual Medicine 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 productive activities. The guidelines recommend up to 4-6 sessions of chiropractic treatment for the lumbar spine in order to produce effect and with evidence of objective functional improvement up to 8 weeks of treatment. Manipulation is manual therapy that moves a joint beyond the physiologic range-of-motion but not beyond the anatomic range-of-motion. There is a lack of documentation indicating the injured worker had significant objective functional improvement with the prior therapy. In addition, there is lack of documentation regarding the complete physical exam to evaluate for decreased functional ability and decreased range of motion, decreased strength and flexibility. Moreover, the amount of chiropractic visits the injured worker previously completed was 8 sessions. The requesting physician's rationale for the request is not indicated within the provided documentation. There is a lack of documentation demonstrating the injured worker has significant objective functional deficits. Therefore the request for 8 chiropractic manipulative treatments exceeds the recommendations. The request for 8 chiropractic manipulative treatments is not medically necessary.

Pain management consultation with epidural injection and facet block: Upheld

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

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

Decision rationale: The request for Pain management consultation with epidural injection and facet block is not medically necessary. The Official Disability Guidelines recommended as determined to be medically necessary. Evaluation and management (E&M) outpatient visits to the offices of medical doctor(s) play a critical role in the proper diagnosis and return to function of an injured worker, and they should be encouraged. The need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medicines such as opiates, or medicines such as certain antibiotics, require close monitoring. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. The determination of necessity for an office visit requires individualized case review and assessment, being ever

mindful that the best patient outcomes are achieved with eventual patient independence from the health care system through self-care as soon as clinically feasible. There is lack of documentation of medications the injured worker was prescribed and failed. There is lack of documentation regarding the physician's rationale for the request. There is a lack of documentation indicating the injured worker has significant findings which demonstrate significant neurologic deficit upon physical examination for the need of an ESI. The documentation failed to provide evidence of any previous failed aggressive conservative therapy. Therefore the request for Pain management consultation with epidural injection and facet block is not medically necessary.