

Case Number:	CM14-0178659		
Date Assigned:	11/03/2014	Date of Injury:	02/07/2011
Decision Date:	12/11/2014	UR Denial Date:	10/13/2014
Priority:	Standard	Application Received:	10/28/2014

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 42 year old male with an injury date of 02/07/11. Based on the 09/15/14 progress report provided by [REDACTED] the patient complains of low back pain. Physical examination revealed tenderness across the lumbar paraspinal muscles and pain with facet loading. The patient's MRI shows multilevel disc disease. Patient received chiropractic therapy which was giving temporary relief. Patient's medications include Diclofenac, Ultracet, and Neurontin. Diagnosis 09/15/14 were:- discogenic lumbar condition with disc disease from L2 - S1 facet inflammation with positive facet loading- chronic pain syndrome. The utilization review determination being challenged is dated 10/13/14. The rationales were not provided. [REDACTED] [REDACTED] is the requesting provider and he provided treatment reports from 04/03/14 - 09/15/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Spine specialist consult for low back: Overturned

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 American College of Occupational and Environmental

Medicine (ACOEM), 2nd Edition, (2004) ACOEM Practice Guidelines, 2nd Edition (2004), Independent Medical Examination and Consultations. Chapter7 page 127.

Decision rationale: The patient presents with low back pain. The request is for spine specialist consult for low back. Patient's diagnosis dated 09/15/14 included discogenic lumbar condition with disc disease from L2 - S1 facet inflammation with positive facet loading and chronic pain syndrome. Per progress report dated 09/15/14, the patient's MRI shows multilevel disc disease. Patient's medications include Diclofenac, Ultracet, and Neurontin. ACOEM Practice Guidelines, 2nd Edition (2004), page 127 has the following: "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." It would appear that the current provider feels uncomfortable with the medical issues and has requested for transfer to specialist. Therefore, the request for Spine specialist consult for low back is medically necessary and appropriate.

Chiropractor three times per week for four weeks for the low back: 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 Manual Therapy & Manipulation Page(s): 58-59.

Decision rationale: The patient presents with low back pain. The request is for chiropractor three times per week for four weeks for the low back. Patient's diagnosis dated 09/15/14 included discogenic lumbar condition with disc disease from L2 - S1 facet inflammation with positive facet loading and chronic pain syndrome. Per progress report dated 09/15/14, the patient's MRI revealed multilevel disc disease. MTUS recommends an optional trial of 6 visits over 2 weeks with evidence of objective functional improvement total of up to 18 visits over 6 to 8 weeks. For recurrences/flare-ups, reevaluate treatment success and if return to work is achieved, then 1 to 2 visits every 4 to 6 months. Patient received chiropractic therapy which was giving temporary relief. However, the exact number of treatments and when they were received is not clear as the chiropractic reports were not provided for review. Given that the review of current reports make no reference to a recent course of chiropractic, a short course may be reasonable. However, the requested 12 sessions would exceed what is allowed by MTUS for a trial of 3-6 sessions. Furthermore, if the provider intended for continued treatments, though patient reported temporary relief, there is no documentation of functional improvement as a result of initial trial. Therefore, the request for chiropractor three times per week for four weeks for the low back is not medically necessary and appropriate.

physiatrist consult for the low back: Overturned

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 American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) ACOEM Practice Guidelines, 2nd Edition (2004), Independent Medical Examination and Consultations Chapter7 page 127.

Decision rationale: The Expert Reviewer based his/her decision on the Non-MTUS American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) ACOEM Practice Guidelines, 2nd Edition (2004), Independent Medical Examination and Consultations Chapter7 page 127. The Expert Reviewer's decision rationale: The patient presents with low back pain. The request is for physiatrist consult for low back (██████████). Patient's diagnosis dated 09/15/14 included discogenic lumbar condition with disc disease from L2 - S1 facet inflammation with positive facet loading and chronic pain syndrome. Per progress report dated 09/15/14, the patient's MRI revealed multilevel disc disease. Patient's medications include Diclofenac, Ultracet, and Neurontin. ACOEM Practice Guidelines, 2nd Edition (2004), page 127 has the following: "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." It would appear that the current provider feels uncomfortable with the medical issues and has requested for transfer to specialist. Therefore, the request for a physiatrist consult for the low back is medically necessary and appropriate.