

Case Number:	CM14-0025878		
Date Assigned:	06/13/2014	Date of Injury:	01/06/2009
Decision Date:	11/25/2014	UR Denial Date:	02/14/2014
Priority:	Standard	Application Received:	02/28/2014

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 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:

The injured worker is a 54 year old male with a date of injury on 1/6/2009. At the time of injury, he was employed as a fruit and salad preparer. Injury occurred when he slipped and fell while reaching for a box of melons. He reported an onset of neck, right shoulder, and low back pain. He underwent right shoulder arthroscopy with subacromial decompression and distal clavicle excision on 8/11/11. The 8/19/13 medical-legal report documented a hiatus in orthopedic and chiropractic treatment since 2010 and indicated the injured worker was not taking any medications. The 10/8/13 lumbar spine magnetic resonance imaging (MRI) impression documented L5/S1 facet arthrosis with very minimal anterolisthesis. There was a 3 mm disc bulge with resultant severe left and moderate right neuroforaminal stenosis with compression of the exiting left L5 nerve root. There was a small central annular fissure at L4/5. The 2/4/14 treating chiropractor progress report cited constant moderate low back pain radiating to the middle back. Pain was aggravated by standing, walking, climbing stairs, bending, twisting, pulling, turning, and stooping. Physical exam findings documented mild loss of lumbar range of motion with pain, +3 lumbar paravertebral muscle tenderness and spasms, +3 bilateral sacroiliac joint tenderness, and positive Kemp's test. The diagnosis included lumbar disc protrusion. The treatment plan included chiropractic x 12 sessions and orthopedic follow-up. The 2/14/14 utilization review denied the requests for chiropractic treatment and orthopedic consult based on an absence of injury or treatment history to support the medical necessity of these services.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic therapy times 12 for the back: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) guidelines support chiropractic manipulation for chronic pain if caused by musculoskeletal conditions. Guidelines generally recommend 1 to 2 chiropractic visits every 4 to 6 months for recurrence/flare-ups of chronic low back pain but state that 4 to 6 treatments allow time to produce an effect. Guidelines recommend therapies focused on the goal of functional restoration rather than merely the elimination of pain. Guideline criteria have not been met. This injured worker is five years post injury. There is no clear clinical evidence of a flare-up with an associated functional deficit to be addressed by chiropractic treatment. The amount of treatment requested markedly exceeds treatment recommendations for flare-ups. There is no compelling reason to support the medical necessity of chiropractic treatment in the absence of a functional deficit and in excess of guideline recommendations. Therefore, this request is not medically necessary.

Orthopedic consultation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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) Independent Medical Examinations and Consultations, Chapter 7 page(s) 127

Decision rationale: The American College of Occupational and Environmental Medicine (ACOEM) guidelines support referral to a specialist 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. Guideline criteria have not been met. There is no medical rationale presented to support the medical necessity of referral for orthopedic consultation relative to the treatment plan or need for additional expertise. In the absence of this documentation, medical necessity cannot be established. Therefore, this request is not medically necessary.