

Case Number:	CM14-0034919		
Date Assigned:	06/23/2014	Date of Injury:	11/05/2013
Decision Date:	07/30/2014	UR Denial Date:	02/20/2014
Priority:	Standard	Application Received:	03/20/2014

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 Pain Management 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:

This is a patient with a date of injury of 11/5/13. A utilization review determination dated 2/20/14 recommends non-certification of orthopedic spine consult and chiropractic therapy. 2/5/14 medical report identifies pain in the neck, right shoulder, and low back. Improvement, albeit small, was reported with chiropractic treatment, which was said to help him tolerate working full-time regular duty. On exam, there is some limited neck rotation, positive Kemp test, and tenderness in the neck, shoulder, and low back. Treatment plan includes 4 additional chiropractic treatments and a consultation with orthopedic spine surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

Specialist referral for Orthopedic Spine Consult, for the cervical spine and lumbar spine:
Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM for Independent Medical Examinations and Consultations regarding Referrals, Chapter 7, Page 127.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 180 and 305.

Decision rationale: Regarding the request for Specialist referral for Orthopedic Spine Consult, for the cervical spine and lumbar spine, California MTUS supports consultation when there are: Severe and disabling radicular symptoms, Activity limitations for more than one month or extreme progression of symptoms; clear clinical, imaging, and electrophysiologic evidence of a lesion that has been shown to benefit in both the short and long term from surgical repair; and Failure of conservative treatment to resolve disabling radicular symptoms. Within the documentation available for review, there is no documentation of any subjective, objective, or diagnostic findings suggestive of radiculopathy or another rationale for surgical consultation in a patient with only mild ROM limitation and tenderness. In the absence of such documentation, the currently requested Specialist referral for Orthopedic Spine Consult, for the cervical spine and lumbar spine is not medically necessary.

Chiropractic Therapy additional two times a week for two weeks, in treatment of the cervical and lumbar spine Quantity: 4: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manipulation: Therapeutic.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 56-60 of 127.

Decision rationale: Regarding the request for Chiropractic Therapy additional two times a week for two weeks, in treatment of the cervical and lumbar spine, Chronic Pain Medical Treatment Guidelines support the use of chiropractic care for the treatment of chronic pain caused by musculoskeletal conditions. Guidelines go on to recommend a trial of up to 6 visits over 2 weeks for the treatment of low back pain. With evidence of objective functional improvement, a total of up to 18 visits over 6 to 8 weeks may be supported. Within the documentation available for review, it is unclear exactly what objective functional deficits are intended to be addressed with the currently requested chiropractic care, as the patient is noted to have only some tenderness as well as minimal limitation of cervical spine ROM. Additionally, the documentation does not identify why these minimal deficits require additional formal treatment and cannot be addressed within the context of an independent home exercise program. In the absence of clarity regarding the above issues, the currently requested Chiropractic Therapy additional two times a week for two weeks, in treatment of the cervical and lumbar spine is not medically necessary.