

Case Number:	CM14-0090741		
Date Assigned:	07/23/2014	Date of Injury:	03/31/2006
Decision Date:	10/01/2014	UR Denial Date:	06/09/2014
Priority:	Standard	Application Received:	06/16/2014

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, and is licensed to practice in Nevada. 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 records presented for review indicate that this 46-year-old female was reportedly injured on March 31, 2006. The mechanism of injury is not listed in these records reviewed. The most recent progress note, dated May 2, 2014, indicates that there are ongoing complaints of flares of chronic low back pain as well as neck pain radiating to the right upper extremity and headaches. The physical examination demonstrated decreased sensation at the right C5 dermatomes there was tenderness throughout the spine from the cervical to the lumbar region. Diagnostic imaging studies of the lumbar spine noted evidence of a prior laminectomy at L5 - S1 with a recurrent disc protrusion at this level as well as a disc bulge at L4 - L5 and a disc protrusion at L3 - L4. Previous treatment includes a lumbar spine laminectomy, acupuncture, chiropractic care, physical therapy, steroid injections, and oral medications. A request had been made for four chiropractic visits, an internal medicine consult for abdominal pain due to medications, and a pain management consult for the lumbar spine, and an orthopedic consultation and was not certified in the pre-authorization process on June 9, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

4 chiropractic visits: 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 Page(s): 58-59.

Decision rationale: A review of the attached medical record indicates that the injured employee has had a previous trial of chiropractic care without any significant improvement. Considering this, this request for four chiropractic visits is not medically necessary.

1 internal medicine consultation for abdominal pain from medications: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chronic Pain Disorder Medical Treatment Guidelines, State of Colorado Department of labor and Employment, 4/27/2007, pg. 56

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004), ACOEM Practice Guidelines, 2nd edition, Chapter 7 - Independent Medical Examinations and Consultations, page 127.

Decision rationale: The most recent progress note dated May 2, 2014, does not indicate that the injured employee has a complaints of abdominal pain to include pain from medications. Furthermore, there is no documentation regarding usage of proton pump inhibitors or other gastrointestinal medications to control the injured employee symptoms prior to considering a referral. As such this request for an internal medicine consult for abdominal pain due to medications is not medically necessary.

1 pain management consultation for the lumbar spine: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chronic Pain Disorder Medical Treatment Guidelines, State of Colorado Department of labor and Employment, 4/27/2007, pg. 56

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 7 - Independent Medical Examinations and Consultations, page 127.

Decision rationale: The California MTUS Guidelines support the use of referrals when a diagnosis is uncertain, extremely complex, or when the injured employee may benefit from additional expertise. A review of the attached medical record indicates that the injured employee has had previous treatment to include lumbar spine laminectomy, acupuncture, chiropractic care, physical therapy, steroid injections, and oral medications. Despite the myriad of treatments, pain in the neck and the upper back persist. As such, this request for a pain management consultation for the lumbar spine is medically necessary.

1 orthopedic consultation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 7 - Independent Medical Examinations and Consultations, page 127.

Decision rationale: A review of the attached medical record indicates that the injured employee has been seen multiple times by an orthopedic physician without any apparent functional improvement. As such, this request for an additional orthopedic consultation is not medically necessary.