

Case Number:	CM14-0091991		
Date Assigned:	07/25/2014	Date of Injury:	03/18/2009
Decision Date:	08/28/2014	UR Denial Date:	06/06/2014
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 Family Medicine, and is licensed to practice in North Carolina. 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 47-year-old with a reported date of injury on 03/18/2009. The patient has the diagnoses of failed back syndrome, lumbar (722.83), unspecified neuralgia/neuritis, and radiculitis (729.2) and other acquired deformity of the ankle and foot (736.79). Treatment modalities have included surgery and pain medication. Progress reports provided by the primary treating physician dated 05/06/2014 notes the patient has complaints of pain going down the left lower extremity with sharp aching pain that interferes with activities of daily living. Physical exam noted positive straight leg raise of the left, antalgic gait, anterior lumbar flexion pain and left leg hypoesthesia L5 and S1 dermatomes. Treatment plan consisted of proposed Transforaminal Epidural Steroid Injection (TFESI), Topamax, continuation of pain medication, pain psychologist referral and proposed spinal cord stimulator.

IMR ISSUES, DECISIONS AND RATIONALES

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

CHIROPRACTIC CARE LOW BACK QTY 6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58-60.

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

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines Section on Manual Therapy and Manipulation states: Recommended for chronic pain if caused by musculoskeletal conditions. Manual Therapy is widely used in the treatment of musculoskeletal pain. The intended goal or effect 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. Manipulation is Manual Therapy that moves a joint beyond the physiologic Range-of-motion but not beyond the anatomic range-of-motion. Low back: Recommended as an option. Therapeutic care - Trial of 6 visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks. Elective/maintenance care - Not medically necessary. Recurrences/flare-ups - Need to reevaluate treatment success, if Return to Work is achieved then 1-2 visits every 4-6 months. The patient has completed 4 previous chiropractic sessions. There is no documented evidence of objective functional improvement. In this absence of objective functional improvement, continuation of chiropractic care is not medically necessary.

EKG: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain, Cardiac Safety, and EKG Monitoring.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Food Drug Administration (FDA) Monogram.

Decision rationale: The California Chronic Pain Medical Treatment Guidelines and the ACOEM are silent on the issue of an EKG. The requesting physician notes the patient would benefit from an EKG because of the dosage of Amitriptyline. Per the Food Drug Administration (FDA), Monogram/drug information insert for Amitriptyline, an EKG is not mentioned and is necessary for the administration of the medication. The only mention of acquiring an EKG is in the situation of drug overdose. In the absence of other symptoms such as dizziness or weakness and EKG in an asymptomatic individual taking the medication is not warranted and thus not medically necessary.

CARDIOLOGY OFFICE VISIT: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 311.

Decision rationale: The ACOEM does mention in its algorithm in the treatment of low back complaints the need to arrange appropriate treatment or consultation. However the progress notes fail to specify the rationale for cardiology consultation. In the absence of symptoms warranting a Cardiology Consultation and/or appropriate documentation the need for such a consultation, the services are not medically necessary.

PAIN PSYCH EVALUATION/RE-EVALUATION WITH BIO-BEHAVIORAL INTERVENTION: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Evaluations Page(s): 100-101.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Intervention Page(s): 23.

Decision rationale: The California Chronic Pain Medical Treatment Guidelines Section on Behavioral Intervention states: Recommended. The identification and reinforcement of coping skills is often more useful in the treatment of pain than ongoing medication or therapy, which could lead to psychological or physical dependence. The Official Disability Guidelines (ODG) recommends a separate psychological cognitive behavioral therapy referral after 4 weeks, if lack of progress from physical therapy alone. While the requested services do fall under recommended services by the California Chronic Pain Medical Treatment Guidelines, the patient has already undergone previous pain psychology consultation. There are no records or documentation of the results of such previous consultation. In the absence of documented response or rationale for repeat evaluation, the services are not medically necessary.