

Case Number:	CM14-0098204		
Date Assigned:	07/28/2014	Date of Injury:	07/29/2013
Decision Date:	09/09/2014	UR Denial Date:	06/19/2014
Priority:	Standard	Application Received:	06/26/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in California and 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 injured worker is a 32 year old male who suffered injuries to his low back on 07/29/13 when he lost his balance and forcibly twisted. The injured worker's diagnoses include lumbago, lumbar neuritis/radiculitis and sprains/strains of the lumbar spine and sacrum. Treatment has consisted of physical therapy, chiropractic manipulation, injections and medications such as Norco, ibuprofen and tramadol. Complex Comprehensive Medical - Legal Evaluation performed on 05/05/14 includes a physical examination of the lumbar spine which revealed tenderness to palpation over the lumbar paraspinals, iliac crest, posterior superior iliac spine and L3, L4 and L5 spinous and transverse processes. Range of motion was limited by pain and muscle spasm in all planes tested, Kemp's test was positive bilaterally, motor strength in the L5-S1 myotomes was 4/5 on the left and sensation was noted to be decreased in the L4 and L5 dermatomes on the left. Chiropractic care, acupuncture and a work conditioning program was prescribed and instructions were given on a home exercise program at this evaluation. A Quantitative Functional Capacity Evaluation was performed on 05/12/14 during which the injured worker demonstrated decreased lumbar range of motion, positive bilateral straight leg raise and positive results with testing for deconditioning. Waddell's tests indicated the injured worker is negative for symptom magnification. Doctor's First Report of Occupational Injury or Illness dated 06/05/14 notes the injured worker has completed a lumbar MRI which was described to the injured worker as "negative." An injection previously performed reportedly increased the injured worker's left leg symptoms. Physical examination reveals restricted lumbar active range of motion, positive straight leg raise, palpable muscle guarding and hypoesthesia to the left lower extremity. A magnetic resonance image of the lumbar spine dated 06/28/14 revealed early disc desiccation throughout the spine, Schmorl's nodules noted at T12-L1, L2-3 and L3-4 levels and patent spinal canal and neural foramina at all lumbar spine levels.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic treatment, eight (8) sessions: 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): 58-60 of 127.

Decision rationale: The California MTUS Guidelines states, "If chiropractic treatment is going to be effective, there should be some outward sign of subjective or objective improvement within the first 6 visits." Records indicate the injured worker has participated in chiropractic treatments; however, the number of treatments to date and the response to these treatments is not indicated. There are no chiropractic treatment notes submitted for review. As the injured worker's response to the initially completed visits of chiropractic treatment is not noted to include subjective or objective improvement, the request for chiropractic treatment, eight (8) sessions is not medically necessary and appropriate.

Work conditioning, eight (8) sessions: 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 Work conditioning, work hardening, pages 125-126 of 127 Page(s): 125-126 OF 127.

Decision rationale: The California MTUS Guidelines supports the use of work conditioning when certain criteria are met including demonstrated functional limitations (often determined through functional capacity evaluations) which are below an employer verified physical demands analysis (PDA). Submitted documentation does include a functional capacity evaluation, but there is no employer PDA submitted. The injured worker's failure to meet required physical demands is not established. The MTUS also states a candidate for work conditioning has reached a plateau in improvement with conservative therapy and is not likely to benefit from continued therapy or general conditioning. Records do not demonstrate the injured worker has reached a plateau in improvement with conservative treatment and does include a request for further chiropractic treatment, thus suggesting the injured worker is anticipated to benefit from further therapeutic intervention. As records do not demonstrate compliance with MTUS recommendations for a work conditioning or work hardening program, the request for work conditioning, eight (8) sessions is not medically necessary and appropriate.

Pain management referral: 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 Chronic pain programs Page(s): 30-33 OF 127.

Decision rationale: California Medical Treatment Utilization Schedule notes chronic pain programs are appropriate when, "Previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement" and, "The patient is not a candidate where surgery or other treatments would clearly be warranted." Records include requests for additional chiropractic treatments and work conditioning treatments which indicates the requesting provider anticipates the injured worker will obtain benefit/achieve improvement with further therapeutic intervention but do not include evidence that previous methods of treating chronic pain have been unsuccessful. Official Disability Guidelines states that criteria for the general use of multidisciplinary pain management programs also includes an adequate and thorough multidisciplinary evaluation with psychological testing. Records do not indicate an evaluation with psychological testing. Based on the clinical information provided and the applicable guidelines, the request for a pain management referral is not medically necessary and appropriate.