

Case Number:	CM14-0193513		
Date Assigned:	11/26/2014	Date of Injury:	08/02/2007
Decision Date:	01/15/2015	UR Denial Date:	11/05/2014
Priority:	Standard	Application Received:	11/17/2014

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 Interventional Spine 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 patient is a 47 year old male with an injury date on 8/2/07. Patient complains of right shoulder pain, low lumbar pain, right thigh pain, and abdominal pain which have decreased slightly since last visit, which patient attributes to the injection administered at last visit, with pain rated 4-5/10 per 10/27/14 report. The 9/23/14 report states the patient received a Toradol IM x1 injection to the right shoulder. The patient states the leg pain is the most pain per 8/14/14 report. Based on the 10/27/14 progress report provided by the treating physician, the diagnoses are: 1. disc disorder lumbar 2. lumbar radiculopathy 3. lower back pain 4. depression with anxiety 5. chronic pain syndrome A physical exam on 10/29/14 showed "range of motion of L-spine is restricted in all ranges." The 10/27/14 report showed right shoulder range of motion is restricted. The patient's treatment history includes home exercise program, medication, cryotherapy, and physical therapy. The treating physician is requesting chiropractic 2x4 to the low back, and referral to a rheumatologist. The utilization review determination being challenged is dated 11/5/14 and denies request for consultation as rheumatoid arthritis is not an industrial condition. The requesting physician provided treatment reports from 5/20/14 to 11/7/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiro 2x4 to the low back: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Treatments Manual therapy & manipulation Page(s): 58-59.

Decision rationale: This patient presents with right shoulder pain, lower back pain, right thigh pain, and abdominal pain. The provider has asked for Chiropractic 2x4 to the low back on 10/27/14. A review of the reports does not show any evidence of chiropractic treatment being done in the past. MTUS guidelines allow up to 18 sessions of treatments following initial trial of 3-6 if functional improvements can be documented. In this case, the patient has a chronic pain condition. As patient has not had prior chiropractic treatment, a trial of 3-6 sessions would be indicated. The requested 8 chiropractic sessions for the low back, however, exceeds MTUS guidelines. The request is not medically necessary.

Referral to a Rheumatologist: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 7, page 127

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) chapter 7, page 127, Referral

Decision rationale: This patient presents with right shoulder pain, lower back pain, right thigh pain, and abdominal pain. The provider has asked for referral to a Rheumatologist on 10/27/14. Regarding consultations, ACOEM states that the occupational health practitioner may refer to other specialists 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. In this case, the patient has a chronic pain condition. The requested referral to a rheumatologist may be indicated if there is suspicion for a rheumatologic condition. However, the provider does not raise any such concern. There is no discussion as to why this consult is being asked and examination and history does not raise any rheumatologic concerns. The request is not medically necessary.