MAXIMUS Federal Services

Case Number:	CM14-0193886		
Date Assigned:	12/03/2014	Date of Injury:	11/08/2013
Decision Date:	01/14/2015	UR Denial Date:	11/17/2014
Priority:	Standard	Application Received:	11/19/2014

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 Occupational Medicine 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 49-year-old male who has submitted a claim for lumbar herniated nucleus pulposus, lumbar radiculopathy, and left ankle sprain associated with an industrial injury date of 11/8/2013.Medical records from 2014 were reviewed. The patient complained of low back pain rated 5/10 in severity described as constant and aching. He had occasional stabbing pain at the lower back. He denied radiating numbness or tingling sensation. He likewise reported persistent left ankle pain despite surgery. The patient reported difficulties with vision since the injury date. Physical examination showed mildly antalgic gait, tenderness over paralumbar muscles, limited lumbar motion, weakness of left lower extremity muscles rated 4+ to 5-/5, and diminished sensation at left L5 and S1 dermatomes. Treatment to date has included left ankle arthroscopy with microfracture and peroneal tendon repair on 10/24/2014, physical therapy to the ankle and medications.The utilization review from 11/17/2014 certified the request for ophthalmology consult because the patient continued to have difficulties with vision since the industrial injury date; and modified the request for chiropractic 2x week x 4 weeks lower back into 6 sessions to meet guideline recommendation concerning trial visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

Opthamology consult: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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, Independent Medical Examinations and Consultations, page(s) 127.

Decision rationale: As stated on page 127 of the California MTUS ACOEM Independent Medical Examinations and Consultations Chapter, occupational health practitioners may refer to other specialists if the diagnosis is uncertain, or when psychosocial factors are present. In this case, the patient reported difficulties with vision since the industrial injury date. However, there were no sufficient subjective information and physical examination findings to warrant referral to a specialist. The medical necessity cannot be established due to inadequate information. Therefore, the request for ophthalmology consultation is not medically necessary.

Chiropractic 2x week for 4 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58-59. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26, Manipulation Therapy Page(s): 58-59.

Decision rationale: As stated on pages 58-59 of CA MTUS Chronic Pain Medical Treatment Guidelines, several studies of manipulation have looked at duration of treatment, and they generally showed measured improvement within the first few weeks or 3-6 visits of chiropractic treatment, although improvement tapered off after the initial sessions. There should be some outward sign of subjective or objective improvement within the first 6 visits for continuing treatment. In this case, the patient complained of low back pain rated 5/10 in severity described as constant and aching. He had occasional stabbing pain at the lower back. He denied radiating numbness or tingling sensation. Physical examination showed mildly antalgic gait, tenderness over paralumbar muscles, limited lumbar motion, weakness of left lower extremity muscles rated 4+ to 5-/5, and diminished sensation at left L5 and S1 dermatomes. He has had no physical therapy or acupuncture treatments directed to the low back area hence chiropractic care is a reasonable treatment option. However, there is no discussion why the present request for 8 sessions exceeded guideline recommendation of 3-6 sessions as trial visits. Therefore, the request for chiropractic 2x week for 4 weeks is not medically necessary.