

Case Number:	CM14-0202263		
Date Assigned:	12/12/2014	Date of Injury:	11/05/2012
Decision Date:	02/03/2015	UR Denial Date:	11/05/2014
Priority:	Standard	Application Received:	12/03/2014

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 applicant is a represented [REDACTED] employee who has filed a claim for ankle and foot pain reportedly associated with an industrial injury of November 5, 2012. In a Utilization Review Report dated November 5, 2014, the claims administrator denied a pain management consultation while partially approving a request for eight sessions of manipulative as six sessions of manipulative therapy. The claims administrator invoked non-MTUS Colorado Guidelines to deny the pain management consultation and invoked the MTUS Chronic Pain Medical Treatment Guidelines to partially approve manipulative therapy. It was not clearly stated whether the applicant had or had not had prior manipulative therapy. An October 25, 2014, progress note was referenced in the determination. The applicant's attorney subsequently appealed. On said October 23, 2014 progress note, the applicant reported ongoing complaints of low back pain with hypo-sensorium noted about the left leg. The applicant was asked to obtain a pain management consultation. Norco, Neurontin, Mobic, and Flector patches were renewed. The attending provider suggested (but did not clearly state) that pain management consultation would be performed to determine the applicant's need for epidural steroid injection therapy. Eight sessions of chiropractic manipulative therapy were also sought. The attending provider stated that his rationale for the pain management consultation was the fact that the applicant had failed to respond favorably to earlier conservative treatment, including physical therapy, acupuncture, and home exercises. The attending provider, like the claims administrator, did not clearly state how much (or if) prior manipulative therapy the applicant had or had not had. On September 9, 2014, the applicant received refills of Neurontin, Flexeril, Mobic, and Flector patches. It was suggested, through preprinted checkboxes, that the applicant was working. In a comprehensive review of medical records undertaken by a medical-legal evaluator, not clearly dated, stated that the applicant had issues with fibromyalgia superimposed on chronic pain

complaints. In a medical-legal evaluation dated March 10, 2014, the medical-legal evaluator conducted a comprehensive survey of records. The medical-legal evaluator suggested that the applicant had worked throughout the claim, with the exception of a few isolated days which she missed here and there. The applicant had comorbid issues of fibromyalgia. The applicant was involved in a motor vehicle accident in 2004, the medical-legal evaluator noted and received extensive manipulative therapy in late 2004. The applicant also stated that she received extensive chiropractic manipulative therapy following the industrial injury in late 2012. The applicant reiterated that she was working as a bookkeeper.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 pain management consultation: 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, page 56

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Introduction section Page(s): 1.

Decision rationale: As noted on page 1 of the MTUS Chronic Pain Medical Treatment Guidelines, the presence of persistent complaints which prove recalcitrant to conservative management should lead the primary treating provider to reconsider the operating diagnosis and determine whether a specialist evaluation is necessary. Here, the applicant has longstanding multifocal pain complaints, which have proven recalcitrant to time, medications, muscle relaxants, physical therapy, manipulative therapy, acupuncture, etc. Obtaining the added expertise of a physician specializing in chronic pain, namely a pain management physician, is, thus, indicated here. Therefore, the request is medically necessary.

8 Chiropractic manipulation treatments: 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 Manual Therapy and Manipulation topic Page(s): 58.

Decision rationale: The applicant has had extensive prior chiropractic manipulative therapy over the course of the claim, as was acknowledged on the March 2014 medical-legal evaluation, referenced above. The applicant has had extensive manipulative therapy at various points in times, both before and after the industrial injury. Page 58 of the MTUS Chronic Pain Medical Treatment Guidelines stipulates that one of two sessions of manipulative therapy are recommended every four to six months in applicants who demonstrate treatment success by achieving and/or maintaining successful work return to work status. The request for eight sessions of chiropractic manipulative therapy, thus, represents treatment well in excess of the one

to two visits recommended on page 58 of the MTUS Chronic Pain Medical Treatment Guidelines in the event of recurrences of flares of low back pain. Therefore, the request is not medically necessary.