MAXIMUS Federal Services

Case Number:	CM15-0007972		
Date Assigned:	01/26/2015	Date of Injury:	01/01/2012
Decision Date:	05/01/2015	UR Denial Date:	12/24/2014
Priority:	Standard	Application Received:	01/14/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: New York
Certification(s)/Specialty: Pediatrics, Internal Medicine

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 51 year old female, who sustained an industrial injury on January 1, 2012. She has reported back pain, and headache. The diagnoses have included lumbar spine sprain/strain, loss of sleep, gastrointestinal disorder. Treatment to date has included 10 completed chiropractic treatment. Currently, the IW complains of constant headache, low back pain and numbness, gastrointestinal disorder, and loss of sleep due to pain. On January 9, 2015, physical findings are noted as decreased sensation of the right leg, all cranial nerves tested were within normal limits, lumbar ranges of motion are decreased and painful with noted tenderness and muscle spasm. Kemp's test causes pain bilaterally, sitting straight leg raise test causes pain bilaterally, and Valsalva's test causes pain. On December 24, 2014, Utilization Review provided modified certification of referral for gastrointestinal and return to clinic in 4-5 weeks, based on ACOEM, MTUS, and Chronic Pain Medical Treatment, ODG, and non-MTUS guidelines. On January 12, 2015, the injured worker submitted an application for IMR for review of chiropractic visits, three times weekly for six weeks, and referral for functional capacity evaluation for the lumbar spine, and referral for sleep studies, and referral for gastrointestinal, and return to clinic (RTC) in 4 to 5 weeks, and interpreting service.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic, 3 times a week for 6 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58-60.

Decision rationale: According to MTUS guidelines manual therapy is recommended for chronic pain if caused by musculoskeletal conditions. With regards to low back pain, manual therapy is 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 RTW achieved then 1-2 visits every 4-6 months. The medical records do not include notation of previous therapies the IW had received. Without notation of previous chiropractic care the appropriate schedule is unable to be determined. Additionally, the requested frequency of chiropractic care exceeds the guidelines. This request is not medically necessary and appropriate.

Refer for functional capacity evaluation (FCE) for the lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Fitness for Duty Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Fitness For DutyFunctional capacity evaluation (FCE).

Decision rationale: Functional capacity evaluation is recommended prior to admission to a Work Hardening (WH) Program, with preference for assessments tailored to a specific task or job. Not recommend routine use as part of occupational rehab or screening, or generic assessments in which the question is whether someone can do any type of job generally. There is no notation in the medical record that the IW was returning to work. The request is not medically necessary and appropriate.

Refer for sleep studies: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain - Polysomnorgrapy.

Decision rationale: Polysomnorgrapy is recommended after at least six months of an insomnia complaint (at least four nights a week), unresponsive to behavior intervention and sedative/sleep-

promoting medications, and after psychiatric etiology has been excluded. Not recommended for the routine evaluation of transient insomnia, chronic insomnia, or insomnia associated with psychiatric disorders. The medical record does not contain details of the IW's sleep complaints or notation of behavior intervention to try and alleviate the insomnia. This request is not medically necessary and appropriate.

Interpreting service: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Institute of Health.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Institutes of HealthDo Professional Interpreters Improve Clinical Care for Patients with Limited English Proficiency - A Systematic Review of the Literature.

Decision rationale: According to NIH the findings of the systematic review showed that in all four areas examined, use of professional interpreters is associated with improved clinical care more than is use of ad hoc interpreters, and professional interpreters appear to raise the quality of clinical care for LEP patients to approach or equal that for patients without language barriers. According to the medical record there was an interpreter present at one of the visits but no notation was made for the other visit. There is no notation that the IW lacks support individuals that could translate for her at appointments or that there is a specific need for a professional interpreter. This request is not medically necessary and appropriate.