

<b>Case Number:</b>	CM15-0008665		
<b>Date Assigned:</b>	01/26/2015	<b>Date of Injury:</b>	03/17/2010
<b>Decision Date:</b>	04/13/2015	<b>UR Denial Date:</b>	01/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/15/2015

### 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: California

Certification(s)/Specialty: Family Practice

### 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 28 year old male, who sustained an industrial injury on 3/17/2010. He has reported intense back pain and weakness when bending down to lift a box. The IW underwent lumbar laminectomy April 2012 with L5-S1 decompression and fusion. Treatment to date has included Non-Steroidal Anti-Inflammatory Drugs (NSAIDs), muscle relaxer, narcotic, Gabapentin, thirty (30) chiropractic treatments, aqua therapy, lumbar facet joint medial branch blocks, and home exercises. Magnetic Resonance Imaging (MRI) from 5/10/10 significant for disc degeneration, disc space narrowing, desiccation, and disc protrusion/extrusion. Currently 12/23/14, the IW complains of back pain that had flared up and was constant, dry mouth, and occasional headaches. Physical examination was Kemp's test positive bilateral, tenderness bilaterally from L1-L5, and decreased Range of Motion (ROM) of dorsal lumbar spine. Diagnoses included lumbar disc syndrome, lumbar sprain/strain, lumbar segmental dysfunction, and lumbar myofascitis. Documentation submitted for this review also included prior pain management office visits dated 3/5/14 and 12/24/14, with diagnoses including status post L5-S1 lumbar fusion with residual pain, bilateral sacroiliac joint arthropathy, and bilateral lumbar facet arthropathy. On 1/6/2015 Utilization Review non-certified six (6) additional chiropractic visits and a pain management follow up. Utilization Review also modified certification for a dental consult for dry mouth x 1 visit, noting the functional benefit of prior chiropractic care was not documented, nor was documentation of prior medication management submitted as required for a follow up visit. The MTUS and ODG Guidelines were cited. On 1/15/2015, the injured worker

submitted an application for IMR for review of additional six (6) chiropractic visits for lumbar spine, dental consult regarding dry mouth, and pain management follow up.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Six additional chiropractic visits for the lumbar spine: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 299.

**Decision rationale:** According to guidelines, chiropractic manipulation in the acute phases of injury manipulation may enhance patient mobilization. If manipulation does not bring improvement in three to four weeks, it should be stopped and the patient reevaluated. Based on medical records, there is no documentation of improvement. Therefore, this request is not medically necessary.

#### **Dental consult regarding dry mouth: 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), Pain Procedure Summary.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) clinical office visit.

**Decision rationale:** According to guidelines, it states a referral is warranted if there are clinical signs and symptoms that would benefit more from a specialist. According to the medical records, there are no indications as to why a referral to a dental specialist is indicated. Therefore, this request is not medically necessary.

#### **Pain management follow-up: 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), Pain Procedure Summary.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pain Management Page(s): 31-32.

**Decision rationale:** According to guidelines, it states outpatient pain rehabilitation programs may be considered medically necessary when all of the following criteria are met: (1) An

adequate and thorough evaluation has been made, including baseline functional testing so follow-up with the same test can note functional improvement; (2) Previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement; (3) The patient has a significant loss of ability to function independently resulting from the chronic pain; (4) The patient is not a candidate where surgery or other treatments would clearly be warranted (if a goal of treatment is to prevent or avoid controversial or optional surgery, a trial of 10 visits may be implemented to assess whether surgery may be avoided); (5) The patient exhibits motivation to change, and is willing to forgo secondary gains, including disability payments to effect this change; & (6) Negative predictors of success above have been addressed. According to the medical records, these criteria have not been met. Therefore, this request is not medically necessary.