

Case Number:	CM15-0142347		
Date Assigned:	08/03/2015	Date of Injury:	09/22/2014
Decision Date:	08/31/2015	UR Denial Date:	07/17/2015
Priority:	Standard	Application Received:	07/22/2015

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: Emergency 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 male, who sustained an industrial injury on 9-22-14. He has reported initial complaints of low back injury after carrying a box of paper up two flights of steps. The diagnoses have included lumbar strain and sprain, lumbar disc bulge, lumbar radiculitis left lower extremity (LLE), myalgia and myositis and subluxation of the sacroiliac joint. Treatment to date has included medications, activity modifications, 15 chiropractic sessions, other modalities and home exercise program (HEP). Currently, as per the physician Doctor's First Report progress note dated 4-1-15, the injured worker complains of lumbosacral pain rated 8 out of 10 on the pain scale. He complains of left lower extremity (LLE) pain to the lateral thigh and leg and pain with forward bending and prolonged walking. The objective findings reveal decreased sensation along L5-S1 dermatome level. The heel toe walk was performed unsatisfactorily with pain along the left lower extremity (LLE). There is pain along the left sacroiliac joint and lumbar area. There is muscle weakness in the left lower extremity (LLE) and palpation of the lumbar area reveals multiple spasms and tenderness throughout. There is decreased range of motion in the lumbar spine. The straight leg raise is positive bilaterally with lower extremity pain. He has a positive Ely's test with left lower extremity (LLE) involvement, positive left Hibb's test with sacroiliac joint involvement, there is a positive Kemp's test on the left, positive Miligram's test and a quarter of an inch short leg on the left. The diagnostic testing that was performed included Magnetic Resonance Imaging (MRI) of the lumbar spine. The previous therapy sessions were noted in the records. The physician requested

treatments included Additional Chiropractic Manual Therapy, six sessions to lumbosacral spine and Consultation with pain management specialist for epidural injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Chiropractic Manual Therapy, six sessions to lumbosacral spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Improvement.

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

Decision rationale: The requested Additional Chiropractic Manual Therapy, six sessions to lumbosacral spine, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Manual Therapy and Manipulation, Pages 58-59, recommend continued chiropractic therapy with documented objective evidence of derived functional benefit. The injured worker has lumbosacral pain rated 8 out of 10 on the pain scale. He complains of left lower extremity (LLE) pain to the lateral thigh and leg and pain with forward bending and prolonged walking. The objective findings reveal decreased sensation along L5-S1 dermatome level. The heel-toe walk was performed unsatisfactorily with pain along the left lower extremity (LLE). There is pain along the left sacroiliac joint and lumbar area. There is muscle weakness in the left lower extremity (LLE) and palpation of the lumbar area reveals multiple spasms and tenderness throughout. There is decreased range of motion in the lumbar spine. The straight leg raise is positive bilaterally with lower extremity pain. He has a positive Ely's test with left lower extremity (LLE) involvement, positive left Hibb's test with sacroiliac joint involvement, there is a positive Kemp's test on the left, positive Miligram's test and a quarter of an inch short leg on the left. The diagnostic testing that was performed included Magnetic Resonance Imaging (MRI) of the lumbar spine. The previous therapy sessions were noted in the records. The treating physician has not documented objective evidence of derived functional benefit from completed chiropractic sessions, such as improvements in activities of daily living, reduced work restrictions or reduced medical treatment dependence. The criteria noted above not having been met, Additional Chiropractic Manual Therapy, six sessions to lumbosacral spine is not medically necessary.

Consultation with pain management specialist for epidural injection: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine, Chapter 7, Page 127.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain, page 1, Part 1: Introduction Page(s): 1.

Decision rationale: The requested Consultation with pain management specialist for epidural injection is medically necessary. California Medical Treatment Utilization Schedule (MTUS), 2009, Chronic pain, page 1, Part 1: Introduction, states "If the complaint persists, the physician needs to reconsider the diagnosis and decide whether a specialist evaluation is necessary". The injured worker has lumbosacral pain rated 8 out of 10 on the pain scale. He complains of left lower extremity (LLE) pain to the lateral thigh and leg and pain with forward bending and prolonged walking. The objective findings reveal decreased sensation along L5-S1 dermatome level. The heel-toe walk was performed unsatisfactorily with pain along the left lower extremity (LLE). There is pain along the left sacroiliac joint and lumbar area. There is muscle weakness in the left lower extremity (LLE) and palpation of the lumbar area reveals multiple spasms and tenderness throughout. There is decreased range of motion in the lumbar spine. The straight leg raise is positive bilaterally with lower extremity pain. He has a positive Ely's test with left lower extremity (LLE) involvement, positive left Hibb's test with sacroiliac joint involvement, there is a positive Kemp's test on the left, positive Miligram's test and a quarter of an inch short leg on the left. The diagnostic testing that was performed included Magnetic Resonance Imaging (MRI) of the lumbar spine. The previous therapy sessions were noted in the records. The treating physician has documented sufficient symptoms and findings consistent with radiculopathy to establish the necessity for this consultation. The criteria noted above having been met Consultation with pain management specialist for epidural injection is medically necessary.