MAXIMUS Federal Services

Case Number:	CM15-0182602		
Date Assigned:	09/23/2015	Date of Injury:	11/13/2014
Decision Date:	10/28/2015	UR Denial Date:	08/18/2015
Priority:	Standard	Application Received:	09/16/2015

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: Texas, Florida, California
Certification(s)/Specialty: Preventive Medicine, Occupational 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 43 year old male who sustained an industrial injury November 13, 2014, after a fall from a ladder onto his left side, with loss of consciousness and with pain and contusion of the left elbow. Past treatment included ace bandage and sling, pain medication, anti-inflammatories, and physical therapy. According to a treating physician's progress notes dated July 22, 2015, the injured worker presented with complaints of his left hip popping and pain at the bottom of both feet. He has a history of left shoulder and back pain. He reports having massage without benefit, is not taking medication, and is using ice to the injured areas. Objective findings included; 5' 6" and 185 pounds; musculoskeletal-exhibits tenderness, no edema; alert and oriented; normal mood and affect. Diagnoses are left elbow pain; acute neck pain; left shoulder pain; bilateral foot pain; chronic low back pain. The physician documents; "concern regarding malingering or secondary gain persists due to pain patterns but MRI spine does show some L5- S1 disease". At issue, is the request for authorization dated July 22, 2015, for a referral to physical medicine-rehabilitation and (18) sessions of chiropractic manipulation. An MRI of the lumbar spine dated January 21, 2015 (report present in the medical record) impression is documented as; L5-S1 moderate bilateral neural foraminal narrowing secondary to right and left lateral disc osteophyte complexes facet and ligamentum flavum hypertrophy; mild neural foraminal narrowing bilaterally at the L4-5 level secondary to broad-based disc bulge. According to utilization review dated August 18, 2015, the request for (1) referral to physical medicine-rehabilitation is non-certified between July 22, 2015 and October 11, 2015. The request for (18) sessions of chiropractic manipulation was modified to a certification of

(6) sessions of chiropractic manipulation between July 22, 2015 and October 11, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Referral to physical med/rehabilitation: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

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, page 127.

Decision rationale: American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, page 127.Key case observations are as follows. The claimant was injured in 2014, after a fall from a ladder onto his left side, with loss of consciousness and with pain and contusion of the left elbow. Past treatment included ace bandage and sling, pain medication, anti-inflammatories, and physical therapy. Diagnoses are left elbow pain; acute neck pain; left shoulder pain; bilateral foot pain; and chronic low back pain. The doctor-expressed concern regarding malingering or secondary gain persists due to pain patterns but MRI spine does show some L5-S1 disease. The request for (18) sessions of chiropractic manipulation was modified to a certification of (6) sessions of chiropractic manipulation between July 22, 2015 and October 11, 2015. ACOEM Guidelines, Chapter 7, Page 127, state that the occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A referral may be for consultation to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. A consultant is usually asked to act in an advisory capacity, but may sometimes take full responsibility for investigation and/or treatment of an examinee or patient. This request for the consult fails to specify the concerns to be addressed in the independent or expert assessment, including the relevant medical and non-medical issues, diagnosis, causal relationship, prognosis, temporary or permanent impairment, work capability, clinical management, and treatment options. At present, the request is not medically necessary.

18 Sessions of Chiropractic manipulation: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation.

Decision rationale: 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page 57- 59 of 127.As mentioned previously, key case observations are as follows. The claimant was injured in

2014, after a fall from a ladder onto his left side, with loss of consciousness and with pain and contusion of the left elbow. Past treatment included ace bandage and sling, pain medication, anti-inflammatories, and physical therapy. Diagnoses are left elbow pain; acute neck pain; left shoulder pain; bilateral foot pain; and chronic low back pain. The doctor-expressed concern regarding malingering or secondary gain persists due to pain patterns but MRI spine does show some L5-S1 disease. The request for (18) sessions of chiropractic manipulation was modified to a certification of (6) sessions of chiropractic manipulation between July 22, 2015 and October 11, 2015. The MTUS notes regarding manual therapy and manipulation: Recommended for chronic pain if caused by musculoskeletal conditions. The intended goal or effect of Manual Medicine is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. Manipulation is manual therapy that moves a joint beyond the physiologic range-of-motion but not beyond the anatomic range-of-motion. Low back: 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. Ankle & Foot: Not recommended. Carpal tunnel syndrome: Not recommended. Forearm, Wrist, & Hand: Not recommended. Knee: Not recommended. The request significantly exceeds guidelines. The request is appropriately not medically necessary.