MAXIMUS Federal Services

Case Number:	CM15-0196972		
Date Assigned:	10/12/2015	Date of Injury:	11/07/2013
Decision Date:	11/20/2015	UR Denial Date:	09/18/2015
Priority:	Standard	Application Received:	10/06/2015

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 32 year old male, who sustained an industrial injury on 11-07-2013. The injured worker is currently working full duty. Medical records indicated that the injured worker is undergoing treatment for cervical and lumbar sprain-strain and lumbar facet arthropathy. Treatment and diagnostics to date has included physical therapy (4 sessions as of 07-28-2015 that was "somewhat helpful"), chiropractic treatment (15 sessions as of 07-28-2015 which "helps decrease his pain and increased walking distance by about 15-20 minutes"), and use of medications. Recent medications have included Tylenol #3, Naproxen, and Prilosec. After review of progress notes dated 06-16-2015 and 07-28-2015, the injured worker reported low back pain rated 7 out of 10 on the pain scale with a range of 2-9 out of 10. The treating physician noted that the lumbar spine MRI on 11-24-2014 showed mild degenerative disc disease with retrolisthesis L5-S1 without evidence for canal stenosis or neural foraminal narrowing at any level. Objective findings included decreased cervical and lumbar range of motion. The Utilization Review with a decision date of 09-18-2015 modified the request for additional chiropractic treatment x 8 visits to the back to additional chiropractic treatment x 3 visits to the back and denied the request for general orthopedic follow-ups.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional chiropractic treatment x 8 visits, back: 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).

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

Decision rationale: The claimant was injured two years ago, and is working full duty. This is still a request for more chiropractic care. The MTUS notes regarding manual therapy & manipulation: Recommended for chronic pain if caused by musculoskeletal conditions. Manual Therapy is widely used in the treatment of musculoskeletal pain. 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. 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. If chiropractic treatment is going to be effective, there should be some outward sign of subjective or objective improvement within the first 6 visits. Objective functional improvement is not demonstrated in this case, as the patient is back to work full duty, and meets work full functional requirements. The request does not meet MTUS criteria for certification. The request is not medically necessary.

General ortho follow ups: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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: 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. The claimant was injured two years ago, and is working full duty. Given the full functionality, and the lack of a clear orthopedic surgical lesion, the need for this specialist follow up is not medically logical. Further, 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.