

Case Number:	CM15-0199567		
Date Assigned:	10/14/2015	Date of Injury:	07/17/2015
Decision Date:	12/03/2015	UR Denial Date:	09/24/2015
Priority:	Standard	Application Received:	10/09/2015

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, New York, 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 applicant is a represented 43-year-old who has filed a claim for low back pain (LBP) reportedly associated with an industrial injury of July 17, 2015. In a Utilization Review report dated September 24, 2015, the claims administrator partially approved requests for eight sessions of manipulative therapy as six sessions of the same, failed to approve a request for a physiatry evaluation, and failed to approve a request for work conditioning. The claims administrator referenced a July 27, 2015 office visit in its determination. The applicant's attorney subsequently appealed. On said July 27, 2015 office visit, the applicant reported ongoing complaints of low back pain radiating to the left leg. The applicant had apparently alleged ankle pain secondary to cumulative trauma at work. The applicant was given operating diagnoses of low back pain and lumbar radiculitis. The applicant exhibited dysesthesias about the left leg on exam with positive straight leg raising and well-preserved motor function. A rather proscriptive 10-pound lifting limitation was endorsed. It was not clearly stated whether the applicant was or was not working with said limitation in place. On an earlier note dated July 27, 2015, physical therapy, Flexeril, and work restrictions were endorsed. The applicant had a second job, it was incidentally noted as a delivery driver. The claims administrator's medical evidence log suggested the July 27, 2015 office visit in fact represented the most recent note on file.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic treatment x8 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004, and Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Manipulation.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Physical Methods.

Decision rationale: No, the request for eight sessions of chiropractic manipulative therapy was not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 12, page 299, manipulation should be sought and the applicant reevaluate individuals in whom manipulation failed to bring improvement in three to four weeks. Here, the request for such a lengthy, protracted eight-session course of manipulation at the outset of treatment was at odds with the MTUS Guideline in ACOEM Chapter 12, page 399, which further notes that a trial of manipulation for applicants with radiculopathy may be an option. The MTUS Guideline in ACOEM Chapter 12, page 300 notes that careful attention to the patient's response to treatment is critical. Here, thus, the request for eight initial manipulative treatments was at odds with the MTUS Guideline in ACOEM Chapter 12, pages 299-300 as it did not contain a proviso to reevaluate the applicants following the introduction of the same. Therefore, the request was not medically necessary.

Referral to PM&R evaluation for assessment and pain management options/treatment:
Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 6: Pain, Suffering, Restoration of Function, page 115 and on the Non-MTUS Official Disability Guidelines (ODG), Office Visits.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Surgical Considerations.

Decision rationale: Similarly, the PM&R (Physiatry) evaluation for assessment of pain management options was likewise not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 12, page 306 notes that referral to a physical medicine practitioner may be helpful in applicants in whom there is no clear indication for surgery, here, however, the July 27, 2015 office visit made no mention of the results of the lumbar MRI imaging. There was no mention of the applicant's having issues with delayed recovery present at that point. There was no mention of the applicant's having been definitively deemed a non-operative candidate. A Physiatry referral was, thus, premature, particularly in light of the fact that the applicant had yet to complete previously authorized manipulative therapy and previously authorized physical therapy. Therefore, the request was not medically necessary.

8 sessions of work conditioning: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Work conditioning, work hardening. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Prevention.

Decision rationale: Similarly, the request for eight sessions of work conditioning was likewise not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 1, page 11 does support reconditioning after absence from work to facilitate an applicant performing on the specific demands of a particular job, here, however, the request in question was seemingly initiated on July 27, 2015, i.e., some one week removed from the date of injury. It did not appear that the applicant had been off work for a protracted amount of time. It did not appear that deconditioning had transpired. It was not clearly established whether the applicant was or not working with a 10-pound lifting limitation in place on July 27, 2015. It was not clearly stated why work conditioning had been sought when the applicant had yet to complete previously authorized manipulative therapy and previously authorized physical therapy. Therefore, the request was not medically necessary.