

Case Number:	CM15-0204048		
Date Assigned:	10/20/2015	Date of Injury:	06/11/2015
Decision Date:	12/02/2015	UR Denial Date:	09/08/2015
Priority:	Standard	Application Received:	10/16/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 49 year old female with an industrial injury date of 06-11-2015. Medical record review indicates she is being treated for lumbar sprain-strain, lumbar myospasm and lumbar myalgia. Subjective complaints (08-26-2015) included increased sharp pain and spasms in upper and lower back while having lumbar MRI done. Work status (09-04-2015) is documented as temporary totally disability 09-01-2015 - 10-01-2015. In the treatment note dated 06-15-2015 the treating physician requested physiotherapy 6 sessions. Medications were Naprosyn and Norco. Prior treatments are not indicated in the medical records. Objective findings (08-26-2015) noted spasms of thoracic 4-thoracic 8, decreased range of motion of the thoracic and lumbar spine. MRI (08-26-2015) report is as follows: Lumbar 4-lumbar 5 moderate bilateral foraminal stenosis, right greater than left. Annular bulges small left lateral and central annular fissures. Lumbar 5-sacral 1 grade 1 spondylolisthesis of lumbar 5 with evidence of bilateral pars defects. Right paracentral annular fissure. Mild bilateral foraminal stenosis. On 09-08-2015 the treatment request for work conditioning 10 sessions, orthopedic consult and orthopedic consult was denied by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Work conditioning 10 session: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines, Work Hardening.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Work conditioning, work hardening.

Decision rationale: Work conditioning 10 sessions not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that treatment is not supported for longer than 1-2 weeks without evidence of patient compliance and demonstrated significant gains as documented by subjective and objective gains and measurable improvement in functional abilities. The guidelines state that there should be a defined return to work goal agreed to by the employer & employee. The documentation does not indicate a defined return to work goal agreed on by the employer and employee. The request for work hardening is not medically necessary.

Orthopedic consult: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter 6 Pain, Suffering and Restoration Function. Official Disability Guidelines, Pain Management and office visits.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Cornerstones of Disability Prevention and Management. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain- Office visits.

Decision rationale: Orthopedic consult is not medically necessary per the MTUS ACOEM and the ODG guidelines. The MTUS states that a referral may be appropriate if the practitioner is uncomfortable with the line of inquiry outlined above, with treating a particular cause of delayed recovery or has difficulty obtaining information or agreement to a treatment plan. The ODG states that the need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The documentation is not clear on the need for an orthopedic consultation. The documentation does not reveal clinical exam or imaging findings that necessitate surgical intervention at this time. The request for an orthopedic consult is not medically necessary.

Continued chiropractic treatment at 2 times per week for 3 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines, Manipulation.

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

Decision rationale: Continued chiropractic treatment at 2 times per week for 3 weeks is not medically necessary per the MTUS Guidelines. The MTUS recommends a trial of 6 visits over 2

weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks. The documentation is not clear that prior chiropractic care has caused a significant objective increase in function therefore additional chiropractic treatment is not medically necessary.