

Case Number:	CM15-0027494		
Date Assigned:	02/19/2015	Date of Injury:	01/12/2014
Decision Date:	05/20/2015	UR Denial Date:	01/29/2015
Priority:	Standard	Application Received:	02/13/2015

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: Physical Medicine & Rehabilitation

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 55 year old female who sustained an industrial injury on 1/12/14 involving a slip and fall, injuring her low back, left shoulder and striking her head. Diagnoses include left ankle contusion; lumbar radiculopathy; desiccated disks at L4-5 and L5-S1; reactive sleep disturbance; reactive depression and anxiety; chronic headaches; chronic pain syndrome and memory loss. Diagnostics include x-rays; MRI of the left ankle that was abnormal (6/13/14); MRI lumbar spine that was abnormal (2/24/14). In the progress note dated 1/8/15 the treating provider recommended medial branch block for the lumbar spine; chiropractic sessions for cervical spine and left ankle; and acupuncture. The injured worker reported left ankle pain, low back pain and neck pain. It was noted that the injured worker had been previously treated with 24 sessions of chiropractic therapy. Previous conservative treatment also includes TENS therapy, heat/ice therapy, medication, bracing and a left shoulder injection in 2007. The current medication regimen includes ibuprofen. The injured worker utilized a cane for ambulation assistance and demonstrated difficulty rising from a seated position. The injured worker also demonstrated an antalgic gait, favoring the left lower extremity. Upon examination, there was decreased range of motion of the left ankle, as well as the cervical spine. There was 4/5 motor weakness in the right upper extremity. There was mild give way weakness. Mild swelling over the left ankle compared to the right was also noted. There was positive straight leg raising at 50 degrees, positive Lasegue's testing, tenderness over the cervical and lumbar spine, bilateral sacroiliac joint tenderness, lateral malleolus tenderness, decreased sensation over the left anterior ankle in the L5 dermatome and absent left ankle reflex. Treatment recommendations at that time

included a second opinion consultation for the ankle, medial branch blocks for the lumbar spine, chiropractic therapy and continuation of the current medication regimen. There was no Request for Authorization form submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic Treatment cervical spine x 8: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Neck & Upper Back Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58.

Decision rationale: California MTUS Guidelines recommend manual therapy and manipulation for chronic pain if caused by a musculoskeletal condition. Treatment is recommended as a therapeutic trial of 6 visits over 2 weeks. The current request for 8 sessions of chiropractic therapy would exceed guideline recommendations. Therefore, the request is not medically necessary.

Chiropractic Treatment Left Ankle x 8: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 369. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Ankle & Foot Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58.

Decision rationale: California MTUS Guidelines recommend manual therapy and manipulation for chronic pain if caused by a musculoskeletal condition. Treatment for the ankle and foot is not recommended. Therefore, the current request for chiropractic treatment for the left ankle would not be supported. As such, the request is not medically necessary at this time.

Acupuncture Left Ankle x 8: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: California MTUS Guidelines state acupuncture is used as an option when pain medication is reduced or not tolerated and may be used as an adjunct to physical rehabilitation and/or surgical intervention. The time to produce functional improvement includes

3 to 6 treatments. The current request for 8 sessions of acupuncture exceeds guideline recommendations. Therefore, the request is not medically necessary.

Acupuncture cervical spine x 8: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: California MTUS Guidelines state acupuncture is used as an option when pain medication is reduced or not tolerated and may be used as an adjunct to physical rehabilitation and/or surgical intervention. The time to produce functional improvement includes 3 to 6 treatments. The current request for 8 sessions of acupuncture exceeds guideline recommendations. Therefore, the request is not medically necessary.

Medial Branch Block L3 and S1 on left; then a week later on right: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Low Back Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Facet joint diagnostic block.

Decision rationale: The California MTUS/ACOEM Practice Guidelines state invasive techniques, such as facet joint injections are of questionable merit. The Official Disability Guidelines recommend facet joint diagnostic blocks when there is evidence of facet mediated pain upon examination. Facet joint injection are not recommended for patients with low back pain that is radicular in nature. In this case, the injured worker has positive examination evidence of a positive straight leg raise at 50 degrees, absent left ankle reflex and diminished sensation in the lower extremities. There is no evidence of facet mediated pain upon examination. Given the above, the request is not medically necessary.