

<b>Case Number:</b>	CM15-0218919		
<b>Date Assigned:</b>	11/10/2015	<b>Date of Injury:</b>	04/22/2015
<b>Decision Date:</b>	12/22/2015	<b>UR Denial Date:</b>	10/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/06/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 56 year old female, who sustained an industrial injury on 4-22-2015. A review of the medical records indicates that the injured worker is undergoing treatment for lumbar IVD syndrome with radiculitis and sprain-strain and rule out inguinal-abdominal hernia. On 10-9-2015, the injured worker reported constant low back pain radiating into the left to the calf with cramping at night, neck pain, and bilateral inguinal and pelvic pain with pain rated 7 out of 10. The Treating Provider's report dated 10-9-2015, noted the physical examination showed an obese protuberant abdomen with pain with palpation of the bilateral inguinal and pelvic regions, thoracolumbar spasm and pain, reduced motion of the lumbar spine, hyposensitive right L4 dermatome and straight leg raise with slight low back pain. Prior treatments have included at least 6 sessions of physical therapy, at least 6 sessions of chiropractic treatments, Ibuprofen, Toradol injection, Diclofenac, and Tramadol. The treatment plan was noted to include requests for pain management for medication management, referral to hernia specialist to rule out hernias caused by twisting motion of the injured worker's fall, and a course of chiropractic treatments to the lower back. The request for authorization dated 10-10-2015, requested a pain management referral, a hernia specialist referral, and chiropractic treatments for the lower back 2x3. The Utilization Review (UR) dated 10-27-2015, certified the request for a pain management referral, and non-certified the requests for a hernia specialist referral and chiropractic treatments for the lower back 2x3.

### IMR ISSUES, DECISIONS AND RATIONALES

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

## **Hernia Specialists Referral: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**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: Independent Medical Examinations and Consultations, p127.

**Decision rationale:** The claimant sustained a work injury in April 2015 when she tripped on a box and twisted and fell. An MRI of the lumbar spine in July 2015 showed findings of multilevel degenerative disc disease with multilevel foraminal stenosis with severe findings at L5/S1. As of 09/16/15 there had been completion of eight physical therapy and eight chiropractic treatments with minimal improvement. She was seen for an initial evaluation by the requesting provider on 10/09/15. She was having constant low back pain radiating to the left lower extremity, bilateral inguinal and pelvic pain, and neck pain. Physical examination findings included thoracolumbar spasms. There was bilateral inguinal and pelvic region pain with palpation. She had decreased lumbar spine range of motion. There was decreased right lower extremity sensation. There was back pain with straight leg raising. The claimant is 5 feet, 1 inches tall and weighs 184 pounds which corresponds to a BMI of 34.8. Authorization was requested for an initial course of chiropractic treatments. Prior treatments are referenced as having been passive. Referrals to pain management and a hernia specialist were also requested. Guidelines recommend consideration of a consultation if clarification of the situation is necessary. In this case, the claimant is obese and has complaints of inguinal and pelvic pain. She has not improved with what should have been effective treatments and had not returned to unrestricted work. Although unlikely, an undiagnosed hernia might explain her ongoing pain and, if identified, could be treated. The request is considered medically necessary.

## **Chiropractic Treatment for the Lower Back 2x3: Upheld**

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

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

**Decision rationale:** The claimant sustained a work injury in April 2015 when she tripped on a box and twisted and fell. An MRI of the lumbar spine in July 2015 showed findings of multilevel degenerative disc disease with multilevel foraminal stenosis with severe findings at L5/S1. As of 09/16/15 there had been completion of eight physical therapy and eight chiropractic treatments with minimal improvement. She was seen for an initial evaluation by the requesting provider on 10/09/15. She was having constant low back pain radiating to the left lower extremity, bilateral inguinal and pelvic pain, and neck pain. Physical examination findings included thoracolumbar spasms. There was bilateral inguinal and pelvic region pain with

palpation. She had decreased lumbar spine range of motion. There was decreased right lower extremity sensation. There was back pain with straight leg raising. The claimant is 5 feet, 1 inches tall and weighs 184 pounds which corresponds to a BMI of 34.8. Authorization was requested for an initial course of chiropractic treatments. Prior treatments are referenced as having been passive. Referrals to pain management and a hernia specialist were also requested. Chiropractic care is recommended as an option in the treatment of chronic pain. Guidelines recommend a trial of 6 visits over two weeks with further treatment considered if there is objective evidence of functional improvement and with a total of up to 18 visits over 6-8 weeks. In this case, the number of additional treatment sessions requested is in excess of the guideline recommendation without evidence of functional improvement with the treatments already provided. Although passive prior treatments are referenced, physical therapy has also been provided. The request is not medically necessary.