

Case Number:	CM15-0220849		
Date Assigned:	11/16/2015	Date of Injury:	12/01/2014
Decision Date:	12/30/2015	UR Denial Date:	10/26/2015
Priority:	Standard	Application Received:	11/10/2015

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 61-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of December 1, 2014. In a Utilization Review report dated October 26, 2015, the claims administrator failed to approve requests for chiropractic manipulative therapy, lumbar MRI imaging, and a home interferential unit purchase. The claims administrator did, however, approve a request for Naprosyn. The claims administrator acknowledged that the applicant had had prior manipulative therapy. A September 30, 2015 office visit was referenced in the determination. The claims administrator did apparently issue a partial approval for six manipulative treatments. The applicant's attorney subsequently appealed. On a handwritten September 30, 2015 office visit, the applicant reported ongoing issues with low back pain, reportedly attributed to muscle spasm. The treating provider stated in one section of the note that the applicant was working. The note comprised, in large part, of preprinted checkboxes. Additional chiropractic manipulative therapy was sought. Lumbar MRI imaging was also ordered, again without much in the way of a supporting rationale. The note was very difficult to follow, handwritten, and not altogether legible. The applicant exhibited 5/5 lower extremity motor function, the treating provider acknowledged.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic Treatment to the Cervical Spine, Right Upper Extremity, Left Elbow and Lumbar Spine, 2x4: Upheld

Claims Administrator guideline: Decision based on MTUS Elbow Complaints 2007, and 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: No, the request for eight sessions of chiropractic manipulative therapy was not medically necessary, medically appropriate, or indicated here. As acknowledged by the attending provider on the September 30, 2015 office visit, the request in question represented a renewal or extension request for chiropractic manipulative therapy. However, the eight-session course of manipulative therapy requested represented treatment well in excess of one to two visits suggested on page 58 of the MTUS Chronic Pain Medical Treatment Guidelines in the event of recurrences and/or flares of pain. Therefore, the request is not medically necessary.

MRI of Lumbar Spine in Open Unit: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies.

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

Decision rationale: Similarly, the request for an MRI imaging of the lumbar spine was likewise not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 12, page 304, imaging studies should be reserved for cases in which surgery is being considered or red flag diagnoses are being evaluated. Here, however, the handwritten September 30, 2015 office visit made no mention of the applicant's willingness to consider or contemplate any kind of surgical intervention involving the lumbar spine based on the outcome of the study in question. It was not stated how (or if) the proposed lumbar MRI would influence or alter the treatment plan. The fact that the applicant retained well-preserved, 5/5 lower extremity motor function on the date in question argued against the presence of any red flag diagnoses or symptoms involving the lumbar spine which would compel lumbar MRI imaging. Therefore, the request is not medically necessary.

Home Interferential Unit, Purchase: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy.

Decision rationale: Similarly, the request for an interferential unit [purchase] was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 120 of the MTUS Chronic Pain Medical Treatment Guidelines, an interferential stimulator device should be furnished on a purchase basis only in applicants who have undergone a successful one-month trial of the same, with beneficial outcomes present in terms of increased functional improvement, less reported pain, and evidence of medication reduction. Here, the attending provider's handwritten September 30, 2015 office visit made no mention of the applicant's having undergone a successful one-month trial of the same before the interferential simulator at issue was sought. Therefore, the request is not medically necessary.