MAXIMUS Federal Services

Case Number:	CM15-0045409		
Date Assigned:	03/17/2015	Date of Injury:	05/21/2014
Decision Date:	04/23/2015	UR Denial Date:	02/16/2015
Priority:	Standard	Application Received:	03/10/2015

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: Ohio, North Carolina, Virginia
Certification(s)/Specialty: Family Practice

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 40-year-old male, who sustained a work related injury on 5/21/14. He fell 3-4 feet off ladder to the floor. He landed on his feet with hands extended and twisted right knee. He felt pain in his lower back. The diagnoses have included lumbar spine strain/sprain, thoracic/lumbar neuritis/radiculitis, thoracic sprain/strain and cervical spine strain/sprain. Treatments to date have included x-rays lumbar spine dated 9/29/14, medications and non-Workman's Compensation approved physical therapy and acupuncture. In the PR-2 dated 1/30/15, the injured worker complains of constant, mild, dull neck pain that radiates to the left arm. He rates this pain a 2-3/10. He complains of constant, mild, stiff mid back pain. He rates this pain a 2-3/10. He complains of constant, moderate, stiff, sharp low back pain that radiates to bilateral gluteal regions. He rates this pain a 4-5/10. The treatment plan is to request authorization for chiropractic treatment with modalities, a re-evaluation and a functional outcomes assessment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic sessions for cervical, thoracic and lumbar spine, three times a week for four weeks: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines. Low back chapter. Manipulation section.

Decision rationale: ODG Chiropractic Guidelines: Therapeutic care: Mild: up to 6 visits over 2 weeks. Severe: Trial of 6 visits over 2 weeks. Severe: With evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks, if acute, avoid chronicity. Elective/ maintenance care: Not medically necessary. Recurrences/flare-ups: Need to re-evaluate treatment success, if RTW achieved then 1-2 visits every 4-6 months when there is evidence of significant functional limitations on exam that are likely to respond to repeat chiropractic care. Severe may include severe sprains/strains (Grade II-III1) and/or non-progressive radiculopathy (the ODG Chiropractic Guidelines are the same for sprains and disc disorders). In this instance, the injured worker had chiropractic care X 6 sessions previously. Functional improvement was seen subjectively and objectively (range of motion), The guidelines allow for up to 18 chiropractic visits for sever low back sprains and non-progressive radiculopathy which this injured worker appears to have, Therefore, chiropractic sessions for cervical, thoracic and lumbar spine, three times a week for four weeks are medically necessary.

Electronic range of motion and muscle tests: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine, Chapter 7, pg 503.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines. Low back chapter. Flexibility section.

Decision rationale: The relation between lumbar range of motion measures and functional ability is weak or nonexistent. This has implications for clinical practice as it relates to disability determination for patients with chronic low back pain, and perhaps for the current impairment guidelines of the American Medical Association. The value of the sit-and-reach test as an indicator of previous back discomfort is questionable. The AMA Guides to the Evaluation of Permanent Impairment, 5th edition, state, "an inclinometer is the preferred device for obtaining accurate, reproducible measurements in a simple, practical and inexpensive way" (p 400). They do not recommend computerized measures of lumbar spine range of motion, which can be done with inclinometers, and where the result (range of motion) is of unclear therapeutic value. The request for electric range of motion and muscle tests is vague. Not specified is what spine region is requested and exactly what is meant by 'muscle tests' is likewise vague. It is presumed that the range of motion testing requested pertains to the cervical and/or lumbar spines via computerized methods. These methods are not recommended as the same information may be had with

inclinometers. Therefore, electronic range of motion and muscle tests are not medically necessary.

Reevaluation: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine, Chapter 7, pg 503.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines. Low Back Chapter. Office visits section.

Decision rationale: Office visits are recommended as determined to be medically necessary. Evaluation and management (E&M) outpatient visits to the offices of medical doctor(s) play a critical role in the proper diagnosis and return to function of an injured worker, and they should be encouraged. 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 determination is also based on what medications the patient is taking, since some medicines such as opiates, or medicines such as certain antibiotics, require close monitoring. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system through self care as soon as clinically feasible. In this instance, the injured worker has chronic neck, back, and shoulder pain. He is taking medication which requires monitoring. He will require ongoing assessment of his status to determine the best treatment course. Therefore, a re-evaluation is medically necessary.