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| Case Number: | CM15-0050913 | | |
| Date Assigned: | 03/24/2015 | Date of Injury: | 07/26/2013 |
| Decision Date: | 05/07/2015 | UR Denial Date: | 03/10/2015 |
| Priority: | Standard | Application Received: | 03/17/2015 |

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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, 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 53 year old male, who sustained a work/ industrial injury on 7/26/13. He has reported initial symptoms of lumbar pain. The injured worker was diagnosed as having lumbar disc disease with radiculopathy. Treatments to date included medication, diagnostics, and chiropractic care. Magnetic Resonance Imaging (MRI) demonstrated lumbar herniated nucleus pulposus (HNP) with stenosis at L5-S1, lumbar radiculopathy, and facet arthropathy of lumbar spine. Electromyogram/nerve conduction velocity (EMG/NCV) on 10/13/14 noted decreased amplitude of the left perineal motor response. Currently, the injured worker complains of lower back pain rated 6/10 on average with episodes of severe spasms. The treating physician's report (PR-2) from 1/12/15 indicated sleep was interrupted due to pain. Chiropractic visits (approximately 8 sessions) were reported as being beneficial. Examination revealed antalgic gait, with tenderness with palpation over the lower lumbar facet regions bilaterally and in the lumbar paraspinous regions, with severe pain with facet loading of the lumbar spine. Lumbar flexion was 30/60, extension 5/25, right lateral bend 10/25, and left lateral bend 10/25. Motor strength was 5/5. Medications included Norco, Flexeril, and Gabapentin. Treatment plan included Additional chiropractic treatment 2 x 4 for the lumbar spine and Pain management consultation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional chiropractic treatment 2 x 4 for the lumbar spine: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and manipulation Page(s): 58.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy Page(s): 58 and 59.

Decision rationale: I respectfully disagree with the UR physician, although the previous review was not attached. The California MTUS guidelines recommends up to 18 visits of chiropractic care for the lumbar spine if there has been evidence of objective functional improvement after an initial trial of six visits. The progress note dated January 12, 2015 indicates that the injured employee has previously attended eight visits of chiropractic care which were stated to increase his range of motion, increase his walking distance, allow him to sleep better, and take less medication. Considering this objective improvement with previous chiropractic's this request for an additional eight visits for the lumbar spine is medically necessary.

Pain management consultation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines Independent Medical Examinations and Consultations, page 127.

Decision rationale: The most recent progress note dated January 12, 2015 indicates that the injured employees currently prescribed Norco, Flexeril, and Gabapentin and that these medications decrease the injured employee's pain by 50% and allow him increased ability to function without any side effects. Considering the success with these current medications, this request for a pain medicine consultation is not medically necessary. Therefore, this request is not medically necessary.