

Case Number:	CM15-0055788		
Date Assigned:	04/01/2015	Date of Injury:	05/13/2012
Decision Date:	05/01/2015	UR Denial Date:	02/26/2015
Priority:	Standard	Application Received:	03/24/2015

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: 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 injured worker is a 34-year-old female who sustained a work related injury May 13, 2012. While moving a transport bed that was pulling to one side, she felt a sudden onset of sharp pain to her lower back. She was initially treated with an MRI, medications, six sessions of physical therapy, and chiropractic treatment. According to the primary treating physician's initial orthopedic report, dated February 2, 2015, the injured worker presented with complaints of persistent low back pain. There is a history of two MRI scans reportedly told to have bulging disc. Diagnoses included lumbar strain; multiple myofascial tender points with headaches and sleep disturbance; rule out fibromyalgia. Recommendations included the injured worker to research fibromyalgia, medication, and follow-up in for weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 chiropractic treatments for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation Page(s): 58-60.

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

Decision rationale: MTUS Guidelines recommend a limited trial of manipulative therapy with a discontinuation if there is no meaningful pain relief and functional gains. This individual has had prior manipulative therapy and there were no resulting changes in pain reports or functional activities. Under these circumstances the request for an additional 6 chiropractic treatments for the lumbar spine is not supported by Guidelines. The request is not medically necessary.

Pain management evaluation and follow-ups: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter 7, Independent Medical Examinations and Consultations, page 127.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 80.

Decision rationale: MTUS Guidelines support an appropriate specialist consultation and if need be specific treatment that can be rendered by that consultant. The Guidelines do not support open ended treatment and follow up. This request is too vague and far reaching to consider it as supported by Guidelines. A consultation and recommendations may be very appropriate, but the medical necessity for extensive follow-ups has not been determined to be consistent with guidelines or medically necessary. The request for pain management evaluation plus follow-ups is not medically necessary.