

Case Number:	CM14-0119410		
Date Assigned:	08/06/2014	Date of Injury:	08/27/2012
Decision Date:	09/19/2014	UR Denial Date:	07/09/2014
Priority:	Standard	Application Received:	07/28/2014

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. The expert reviewer is Board Certified Physical Medicine and Rehabilitation and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 49-year-old female who sustained an industrial injury on 8/27/12 while working in the records department at the [REDACTED] and had low back pain. She reported the injury the next day due to severe pain and was diagnosed with lumbar strain. She was given medications and had MRI and x-rays of the lumbar spine. She has had 12 sessions of physical therapy and 12 chiropractic treatments. She has had two lumbar spine epidural injections which provided her with moderate pain relief temporarily. Her back pain has been affecting her sleep and has radiated across the low back and caused stabbing pain in the left buttock with numbness in the left hamstring area. Motor strength is 4/5 in Extensor hallucis longus (EHL) on the left side. She is also noted to have positive facet provocation on the right more than left side. She currently rates her low back pain at a 4-5/10 and can be as high as 9/10 with bending, twisting and stooping. She currently takes gabapentin, Tramadol and baclofen as needed only as pain medications upset her stomach and would like to minimize her oral medications. MRI of the lumbar spine done on 1/28/13 revealed mild diffuse lumbar spondylosis most pronounced at L5-S1 wherein approximately 2-3 mm left eccentric broad-based disc protrusion contacts, displaces, and mildly compresses the descending level S1 nerve root. The Electromyography and Nerve Conduction Studies (EMG) EMG/NSC bilateral lower extremity (BLE) done on 2/1/13 reveal mild chronic right L3 radiculopathy, and possible left S1 radiculopathy. Diagnoses include left lower extremity radiculopathy, chronic sciatica of left lower extremity, HNP L5-S1 3mm disc and lumbar degenerative disc disease. The request for additional Chiro 2 times 4 Lumbar spine was denied. The request for ongoing follow-ups with [REDACTED] for pain management, for RFA date 5/1/14 was modified to a single followup visit and request for followup in 6 weeks with [REDACTED] for RFA date 5/1/14 was approved.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Chiropractic sessions 2 times a week for 4 weeks to the Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Low Back Chapter.

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

Decision rationale: According to the CA MTUS guidelines, chiropractic treatment may be appropriate for treatment of chronic pain for patients, in whom manipulation is helpful in improving function, decreasing pain and improving quality of life. For therapeutic care of the low back, the guidelines recommend a trial of 6 visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks, may be recommended. The CPMTG recommends manual therapy and manipulation for chronic pain if caused by musculoskeletal conditions with the goal of positive symptomatic or objective measurable gains in functional improvement and the return to productive activities. The medical records provided do not establish the need for ongoing manipulations and follow up visits with a chiropractor as there is no record of progress notes with documentation of any significant improvement in the objective measurements. Furthermore, the injured worker has already had 12 sessions of chiropractic treatment and 12 (physical therapy) PT visits. Additional chiropractic treatments would exceed the guidelines recommendation; thus, the request is not medically necessary.

Ongoing follow-ups for Pain Management for the RFA date of 5/1/2014: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 92, 127. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment in Workers Compensation, Pain Chapter.

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), 2ndEdition, (2004) page 127.

Decision rationale: As per CA MTUS / ACOEM guidelines, the occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. Further guidelines indicate consultation is recommended to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. In this case, the provider has requested pain management follow ups. In this case, the injured worker has had two epidural injections with temporary relief. There is limited clinical and no imaging evidence of facet arthropathy to warrant facet medial branch blocks or RF. She is currently taking Gabapentin, Tramadol and Baclofen, manageable by the treating physician, and would like to minimize her oral

medications. There is no mention of specific reason for ongoing follow up with pain management specialist. Such follow up should be based on individual needs, if chronic opioid analgesics are not used. Therefore, the medical necessity of the request cannot be established per guidelines and based on available information.