

Case Number:	CM14-0124157		
Date Assigned:	09/25/2014	Date of Injury:	11/28/2013
Decision Date:	10/27/2014	UR Denial Date:	07/28/2014
Priority:	Standard	Application Received:	08/06/2014

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 in Physical Medicine and Rehabilitation and is licensed to practice in Massachusetts. 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 claimant has a history of work injury occurring on 11/28/13 when, while working as a certified nursing assistant technician, he was transferring a patient and developed low back and left leg pain. Treatments included 12 sessions of physical therapy. He had ongoing symptoms. On 04/25/14 he had completed physical therapy treatments and there had not been much improvement. He was continuing to work at regular duty without difficulty. He was having left low back pain without radiating symptoms. Naprosyn was providing moderate pain relief. Physical examination findings included left lumbar paraspinal muscle tightness. Naprosyn was continued and he was referred for six chiropractic treatments. An MRI of the lumbar spine on 07/10/14 showed findings of multilevel disc herniations with left lateralization at L3-4 and L5-S1 and an L5-S1 annular tear. He was seen by the requesting provider on 07/24/14. There had been improvement with chiropractic treatments. He was having non-radiating middle and lower back pain rated at 5/10. He had been out of work since April 30, 2014. Physical examination findings included decreased and painful lumbar spine range of motion with right worse than left lumbar paraspinal muscle tenderness. The assessment references a need for ongoing chiropractic care. On 08/06/14 he was having ongoing low back pain with occasional radiation into the left leg. Pain was rated at 4-6/10. He was worried about returning to his usual job. Physical examination findings included decreased and stiff lumbar spine range of motion. He was seen on 09/03/14. He had decreased lumbar spine range of motion with positive straight leg raising, positive Kemp's testing, and decreased lower extremity sensation. He was continued out of work.

IMR ISSUES, DECISIONS AND RATIONALES

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

Consultant with a pain management specialist (lumbar): Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines-TWC Low Back Procedure

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Occupational Medicine Practice Guidelines, Chapter 7: Independent Medical Examinations and Consultations, page 127

Decision rationale: The claimant is more than one year status post work-related injury and continues to be treated for low back pain radiating into the left leg. Imaging in July 2014 included findings of multilevel disc herniations with left lateralization at L3-4 and L5-S1 and an L5-S1 annular tear. Treatments have included physical therapy and chiropractic care. He had benefit when taking Naprosyn. Guidelines recommend consideration of a consultation if clarification of the situation is necessary. In this case, the claimant's condition is consistent with lumbar radiculopathy with symptoms, physical examination findings, and imaging consistent with this diagnosis. The claimant is noted to have improved when taking Naprosyn, a non-steroidal anti-inflammatory medication, and an epidural steroid injection might be an option in his treatment. Therefore requesting a pain management consult is medically necessary.

Follow-up evaluation with a chiropractor: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines-TWC Low Back Procedure

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

Decision rationale: The claimant is more than one year status post work-related injury and continues to be treated for low back pain radiating into the left leg. Imaging in July 2014 included findings of multilevel disc herniations with left lateralization at L3-4 and L5-S1 and an L5-S1 annular tear. Treatments have included physical therapy and chiropractic care. He had benefit when taking Naprosyn. Chiropractic treatment is recommended for chronic pain if caused by musculoskeletal conditions with a trial of 6 visits over 2 weeks. Treatment beyond 4-6 visits should be documented with objective improvement in function. In this case, the claimant's chiropractic treatments have not resulted in improved function or decreased pain. The claimant is being referred for a pain management evaluation. Therefore the requested follow-up evaluation with a chiropractor is not medically necessary.