

Case Number:	CM14-0146325		
Date Assigned:	09/12/2014	Date of Injury:	06/16/2006
Decision Date:	10/14/2014	UR Denial Date:	08/28/2014
Priority:	Standard	Application Received:	09/09/2014

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 Family Medicine 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:

This is a 49-year-old female patient who reported an industrial injury on 8/16/2006, over eight (8) years ago, attributed to the performance of her usual and customary job tasks reported as pushing a filing cabinet. The patient complains of neck pain radiating to the upper extremity as well as back pain radiating into the lower extremity. The objective findings on examination included decreased lumbar spine range of motion; paraspinal muscle spasms; normal neurological evaluation. The patient was noted to have received a right cervical spine C6 and C7 transforaminal epidural steroid injections on 3/10/2014. The MRI of the lumbar spine dated 5/27/2014 demonstrated evidence of a 4 mm disc herniation at L5-S1 with degenerative changes and bilateral exiting nerve root compromise; 3 mm disc protrusion at L4-L5 with exiting nerve root compromise. The patient was prescribed Norco; soma; morphine; Lyrica; and Celebrex. The patient received authorization for a lumbar spine surgery on 8/25/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cane: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG for Knee and Leg regarding walking aids

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) back chapter-- PT; exercises; walking aids including canes, crutches, braces, orthoses, and walkers

Decision rationale: The patient was ordered a walking cane prior to receiving the approved surgical intervention. The requesting provider failed to document objective findings on examination to support the medical necessity of the requested cane. The medical necessity of a cane for the treatment of the effects of the industrial injury is supported with objective evidence for the treatment of this patient. There is no objective evidence to support the medical necessity of a cane for the stated diagnoses. There are no documented issues to the bilateral lower extremities to support the medical necessity of a cane to aid in ambulation. There is no objective evidence supporting the medical necessity of the walking aid for this patient for the documented diagnoses.

Sleep Study: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Pain Chapter, Polysomnography

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter-polysomnography

Decision rationale: The patient was referred for Sleep Testing for an evaluation and report for insomnia based on the patient reporting inability to sleep. There is no rationale or clinical documentation to support a sleep disorder for this patient as an effect of the cited industrial injury and the diagnoses provided by the treating physician. The prior medical records for this patient documented no evidence for a sleep disorder or obstructive sleep apnea in relation to the cited mechanism of injury. The criteria for the medical necessity of a sleep study, as recommended by the Official Disability Guidelines, have not been documented. The requesting provider did not provide any clinical documentation at all to support the medical necessity of the prescribed sleep study consultation with a sleep specialist. The request is made on a routine basis without objective evidence to support medical necessity. There was no demonstrated failure of conservative treatment or any of the available OTC sleep aids. The request for a sleep study is not demonstrated to be medically necessary

Trial chiropractic treatment for cervical spine and lumbar spine; twice a week for three weeks (2x3): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-299, 153-154. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Back chapter--Manipulation

Decision rationale: The ACOEM Guidelines recommend no chiropractic care/CMT in the presence of a nerve impingement radiculopathy and do not recommend chiropractic care for chronic back pain. Chiropractic care is recommended for acute low back pain but not chronic back pain. The patient is noted to have only TTP upon examination with some diminished Range of Motion; and full strength. There are no recommendations for chiropractic care for chronic low back pain with the diagnosis of radiculopathy. The patient was provided prior sessions of chiropractic care with no demonstrated sustained functional improvement. There are no recommendations for maintenance chiropractic care. The request for additional chiropractic care exceeds the recommendations of the MTUS Chronic Pain Guidelines. The requested treatment is being directed to chronic back pain, which is inconsistent with the recommendations of the revised ACOEM Guidelines for the treatment of the lower back. There is no documented objective evidence that the patient cannot participate in a self-directed home exercise program for conditioning and strengthening without the necessity of professional supervision. There is no demonstrated medical necessity for the requested 2x3 sessions of chiropractic care/CMT directed to the neck and back.