

Case Number:	CM14-0165705		
Date Assigned:	10/10/2014	Date of Injury:	02/14/2007
Decision Date:	11/12/2014	UR Denial Date:	08/29/2014
Priority:	Standard	Application Received:	10/08/2014

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 Preventive Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Iowa. 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 patient is a 58 year old employee with date of injury of 2/14/2007. Medical records indicate the patient is undergoing treatment for IBS; weight gain; persistent vomiting; mild esophagitis; lumbar radiculopathy; ongoing abdominal complaints; moderate disc space narrowing and obesity. Subjective complaints include whole body pain. The primary complaints of pain are in the neck, low back and left leg that is rated a 9/10 for pain. She says her pain is getting progressively worse over time. She was taking Norco up to 5 times a day. She says medication is the only way she can "get by". She says she has trouble sleeping due to her pain. Objective findings include diffuse tenderness with palpation of the lumbar spine. She has decreased flexion and extension of the lumbar spine due to pain. Muscle testing is 5/5 with movement of lower limbs. She has a diminished right Achilles reflex and a negative straight leg raise bilaterally. She has decreased sensation in the left lower limb. Treatment has consisted of Norco, Cymbalta and Hydrocodone. Prior chiropractic therapy and massage did help temporarily. The utilization review determination was rendered on 8/29/2014 recommending non-certification of Chiropractic therapy twice a week for three weeks and Internal Medicine Consultation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic therapy twice a week for three weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Physical Therapy Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58-60. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), Chiropractic, Manipulation

Decision rationale: Official Disability Guidelines recommends chiropractic treatment as an option for acute low back pain, but additionally clarifies that "medical evidence shows good outcomes from the use of manipulation in acute low back pain without radiculopathy (but also not necessarily any better than outcomes from other recommended treatments). If manipulation has not resulted in functional improvement in the first one or two weeks, it should be stopped and the patient reevaluated." Additionally, MTUS states "Low back: Recommended as an option. Therapeutic care- Trial of 6 visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks. Elective /maintenance care - Not medically necessary. Recurrences/flare-ups - Need to reevaluate treatment success, if RTW achieved then 1-2 visits every 4-6 months." The treating physician has not documented the exact number of previous chiropractic treatments and detailed the outcomes of those sessions. Although he does note that the patient had temporary relief from those sessions. In addition, the treating physician did not document a new injury, re-injury, increase in pain, or a trial and failure of a home exercise program. As such, the request for Chiropractic therapy twice a week for three weeks is not medically necessary.

Internal Medicine 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 Official Disability Guidelines (ODG) Pain, Office Visits and on <http://www.cdc.gov/healthyweight>

Decision rationale: MTUS is silent regarding visits to an Internal Medicine specialist. The Official Disability Guidelines states, "Recommended as determined to be medically necessary. Evaluation and management (E&M) outpatient visits to the offices of medical doctor(s) play a critical role in the proper diagnosis and return to function of an injured worker, and they should be encouraged. The need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medicines such as opiates, or medicines such as certain antibiotics, require close monitoring. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system through

self-care as soon as clinically feasible". The components of weight loss include diet, exercise, medication, behavior modification and bariatric surgery. The treating physician has not detailed trials and failures of diet, exercise, behavior modification and medication weight loss treatments. In addition, the treating physician did not detail uncontrolled or difficult to treat hypertension, diabetes mellitus, and hyperlipidemia. As such, the request for Internal Medicine Consultation is not medically necessary at this time.