

Case Number:	CM14-0167906		
Date Assigned:	10/15/2014	Date of Injury:	07/25/2014
Decision Date:	11/18/2014	UR Denial Date:	10/01/2014
Priority:	Standard	Application Received:	10/13/2014

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 Occupational 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:

According to the records made available for review, this is a 33-year-old female with a 7/25/14 date of injury. At the time (8/28/14) of request for authorization for Chiro 3x4, MRI of the lumbar spine, and Orthopedic Consult, there is documentation of subjective (right elbow and forearm pain traveling to the wrist with numbness and tingling; right wrist pain traveling to the fingers with numbness and tingling; low back pain with stiffness; bilateral knee pain; and pain in the left leg with numbness) and objective (nonspecific tenderness over the hands; tenderness to palpation over the L4-5, L5-S1 and S1 lumbar paraspinals with pain on range of motion, and decreased sensation over the left leg) findings, current diagnoses (lumbar sprain/strain, arm sprain/strain, elbow sprain/strain, headache, anxiety state unspecified, and insomnia), and treatment to date (medication). Regarding Chiro 3x4, there is no documentation of chronic pain. Regarding MRI of the lumbar spine, there is no documentation of objective findings that identify specific nerve compromise on the neurologic examination and failure of conservative treatment. Regarding Orthopedic consult, there is no documentation that consultation is indicated 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.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiro 3x4: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

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

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies that manual therapy/manipulation is recommended for chronic pain if caused by musculoskeletal conditions, and that the intended goal or effect of manual medicine is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. In addition, MTUS Chronic Pain Medical Treatment Guidelines supports a trial of 6 visits, and with evidence of objective functional improvement, up to 18 visits. Within the medical information available for review, there is documentation of diagnoses of lumbar sprain/strain, arm sprain/strain, elbow sprain/strain, headache, anxiety state unspecified, and insomnia. However, despite documentation of pain caused by musculoskeletal conditions, and given documentation of a 7/25/14 date of injury, there is no documentation of chronic pain. In addition, the proposed number of sessions exceeds guidelines (for an initial trial). Therefore, based on guidelines and a review of the evidence, the request for chiro 3x4 is not medically necessary.

MRI of the Lumbar Spine: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304; Table 12-8.

Decision rationale: MTUS reference to ACOEM guidelines identifies documentation of red flag diagnoses where plain film radiographs are negative; objective findings that identify specific nerve compromise on the neurologic examination, failure of conservative treatment, and who are considered for surgery, as criteria necessary to support the medical necessity of MRI. Within the medical information available for review, there is documentation of diagnoses of lumbar sprain/strain, arm sprain/strain, elbow sprain/strain, headache, anxiety state unspecified, and insomnia. However, despite nonspecific documentation of subjective (low back pain with stiffness and pain in the left leg with numbness) and objective (tenderness to palpation over the L4-5, L5-S1 and S1 lumbar paraspinals with pain on range of motion and decreased sensation over the left leg) findings, and given documentation of the associated therapeutic request for chiropractic treatment, there is no documentation of objective findings that identify specific nerve compromise on the neurologic examination and failure of conservative treatment. In addition, there is no documentation of lumbar radiographs. Therefore, based on guidelines and a review of the evidence, the request for MRI of the lumbar spine is not medically necessary.

Orthopedic Consult: Upheld

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

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), 2nd Edition, (2004) Independent Medical Examinations and Consultations, page127

Decision rationale: MTUS reference to ACOEM guidelines identifies that consultation is indicated 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, as criteria necessary to support the medical necessity of consultation. Within the medical information available for review, there is documentation of diagnoses of lumbar sprain/strain, arm sprain/strain, elbow sprain/strain, headache, anxiety state unspecified, and insomnia. However, given no documentation of a rationale identifying the medical necessity of the requested Orthopedic consult, there is no documentation that consultation is indicated 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. Therefore, based on guidelines and a review of the evidence, the request for Orthopedic Consult is not medically necessary.