

<b>Case Number:</b>	CM14-0218606		
<b>Date Assigned:</b>	01/09/2015	<b>Date of Injury:</b>	11/28/2013
<b>Decision Date:</b>	03/04/2015	<b>UR Denial Date:</b>	11/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/30/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: Arizona, California  
 Certification(s)/Specialty: Family Practice

### 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 was a 34 year old male, who was injured on the job, November 28, 2013. The injured worker sustained a back injury when lifting a patient for a chair. The injured worker suffered a low back injury. The injured worker was totally temporarily disabled, September 29, 2014. The injured worker received an epidural injection, on January 14, 2015, which improved the lumbar pain 50%. The injured worker rates pain 5 out of 10, 0 being no pain 10 being the worse. Pain characterized as aching, burning and spasmodic. The injured worker ambulates without a device and with a normal gait. The injured worker was taking Norco for pain and using an H-wave. The injured worker had restricted range of motion of flexion 60 degrees, extension 10 degrees, lateral bending 25 degrees limited due to pain. The injured worker continued acupuncture with relief. According to the injured worker's worker status of January 15, 2015, the injured worker was placed on worker restrictions of no standing or walking long than 30 minutes with a 10 minute break. No lifting/carrying over 10 pounds. No pushing/pulling over 20 pounds. No repetitive bending, stooping, kneeling or twisting. The injured worker should not operate motor vehicle or any heavy machinery with the use of narcotic pain medications. The MRI of July 10, 2014, of the lumbar spine showed disc desiccation at L-S, annular tear L5-S1, L3-L4 posterior herniation, L4-L5 posterior disc herniation and L5-S posterior disc herniation. On June 11, 2014, the EMG study was normal with no evidence of radiculopathy, entrapment, neuropathy, myopathy or peripheral neuropathy. The documentation submitted for review did not include acupuncture or chiropractor notes to support function improvement with services. The injured workers pain level was 5 out of 10. The injured worker received 50% pain relief for the

epidural injection received January 15, 2014. On November 25, 2014, the UR denied authorization for consultation with a pain management specialist and chiropractic treatment 1 time a week for 18 weeks to the lumbar. The denial for the consultation with a pain management specialist was based on the ODG guidelines, the determination on medical necessity for the visit. The chiropractic treatment 1 time a week for 18 weeks to the lumbar, the denial was based on the MTUS guidelines for Therapeutic care. A trial of 6 visits over 2 weeks with evidence of functional improvement total of up to 18 visits over 6-8 weeks.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Consultation with a pain management specialist (lumbar): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment, Chapter 12 Low Back Complaints Page(s): 127, 300.

**Decision rationale:** According to the ACOEM guidelines, a specialist referral may be made if the diagnosis is uncertain, extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A consultation is used to aid in diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or examinees' fitness for return to work. According to the guidelines, invasive procedures have limited benefit and provide short-term relief. In this case, the claimant had already received epidural steroid injections. There was no indication for continued epidural steroid injections. In addition, there is no indication for a specific number of future visits required. The request for 12 additional pain specialist visits is not justified and not medically necessary.

**Chiropractic sessions 1 time per week for 18 weeks (lumbar): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines manual therapy.

**Decision rationale:** According to the MTUS guidelines, Chiropractic therapy is considered manual therapy. It is recommended for chronic musculoskeletal pain. For Low back pain, therapeutic care is for 6 visits over 2 weeks with functional improvement up to a maximum of 18 visits over 8 weeks. The therapeutic benefit of the modalities was not specified. As a result additional chiropractor therapy is not necessary. In this case, the claimant had previously received chiropractor therapy. The amount of sessions and therapeutic response as well as clinical therapy sessions were not provided. The amount requested in addition to prior completed sessions

exceeds the total amount of sessions recommended in the guidelines. Therefore 18 sessions of chiropractor therapy requested above is not medically necessary.