

Case Number:	CM14-0039674		
Date Assigned:	06/27/2014	Date of Injury:	04/01/2013
Decision Date:	01/28/2015	UR Denial Date:	03/07/2014
Priority:	Standard	Application Received:	04/04/2014

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, has a subspecialty in Occupational Medicine and is licensed to practice in Arizona & Michigan. 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 injured worker is a 34 year old male who got injured on 4/1/2013 with resultant back pain radiating into his left groin area. He has been diagnosed with thoracic sprain/strain, lumbar sprain/strain, sacroiliac strain/sprain and other related diagnoses. His current treatment request is for low back pain. MRI dated 7/25/2013 was essentially normal except for slight degenerative changes and rightward disc bulge L5-S1, a second MRI of his lumbosacral spine dated 2/11/2014 showed L2-S1 disc degeneration with minimal disc bulging, no significant central spinal canal or neural foraminal compromise. He has had 6 sessions of physical therapy and 15 chiropractic sessions as of December 2013. His physical exam dated 2/26/2014 revealed normal lordotic curve, no swelling or scars, tender left Sacro-iliac joint and posterior left hip, full lumbar range of motion, intact motor strength, sensation and negative straight leg raise. He was seen by pain management 2/18/2014 and a recommendation for 3 chiropractic visits and epidural steroid injection was made, the injured worker would like to see a different physician for second opinion for epidural steroid injection therefore the request is for 3 chiropractic visits and for referral to different pain management for second opinion about Epidural Steroid Injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic treatment x three: Overturned

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 and manipulation Page(s): 58-60.

Decision rationale: Manual therapy and manipulation is recommended by MTUS for chronic pain if caused by musculoskeletal conditions, the intended goal is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patients therapeutic exercise program and return to productive activities. For the low back trial of 6 visits over 2 weeks with evidence of functional improvement total of up to 18 visits over 6-8 weeks. Elective or maintenance care is not medically necessary and for recurrences or flare up 1-2 visits every 4-6 months if return to work is achieved. Maximum duration recommended is 8 weeks but care beyond 8 weeks may be indicated in certain patients in whom manipulation is helpful in improving function, extended duration of care beyond what is considered maximum may also be necessary in cases of re-injury, interrupted continuity of care, exacerbation of symptoms and in patients with co-morbidities. Injured workers with complicating factors may need more treatment if documented by the treating physician. The injured worker has had 15 sessions of chiropractic care with documented improvement in his activities of daily living following chiropractic care in December 2013, the time frame of the request for 3 sessions of chiropractic care made in February 2014 while outside the 8 week window represents interrupted continuity of care. A total of up to 18 visits are recommended and the injured worker has had 15 with documented functional improvement therefore the request for 3 sessions of chiropractic care is medically necessary.

Pain management second opinion for Cortisone injection in low back: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 127.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46.

Decision rationale: Per MTUS Epidural Steroid Injection are recommended as an option in the treatment of radicular pain and is not the only treatment option available to the injured worker. Second opinions are usually warranted for risky or toxic treatments, the injured worker is already following with his primary treating physician as well as pain management and between both of them he has other options for treatment of his chronic back pain, all his options have not yet been exhausted and therefore the request for pain management referral for second opinion of Epidural Steroid Injection is deemed to not be medically necessary.