

<b>Case Number:</b>	CM15-0004207		
<b>Date Assigned:</b>	01/15/2015	<b>Date of Injury:</b>	02/21/2013
<b>Decision Date:</b>	03/24/2015	<b>UR Denial Date:</b>	12/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/08/2015

### 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: California, New York, Florida

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease, Critical Care Medicine

### 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 35-year-old male who reported injury on 02/21/2013. The mechanism of injury was the injured worker was spray painting an area that dry wall had been removed from, and when the injured worker was spraying the hole that he was covering up, the room blew up. The injured worker noticed there was fireball over his head, approximately 54 feet, and the injured worker indicated all he heard was a boom and then he was unconscious. The injured worker indicated his face was burning and he had no skin on his arms. There was a Request for Authorization submitted for review. The documentation of 12/22/2014 revealed the injured worker had improvement over all of his low back and left shoulder conditions. The injured worker was noted to have mild to moderate intermittent low back pain with spasms and stiffness, but no radiating pain and moderate intermediate left shoulder pain. The injured worker was noted to have chiropractic treatments twice weekly with benefit. The medications included Aleve, and tramadol 50 mg. The physical examination of the left shoulder revealed normal range of motion. The physical examination of the lumbar spine revealed decreased range of motion with minor tenderness and no spasm. His sensation was intact. The diagnosis included shoulder arthralgia, elbow arthralgia, lumbar/lumbosacral disc degeneration, low back syndrome, and shoulder calcifying tendinitis as well as lumbar myofascial sprain/strain. The treatment plan included an ENT consultation, an ophthalmology consultation, and chiropractic therapy once a week x6 weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic therapy one time a week for six weeks for 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 Chronic Pain Treatment Guidelines Manual Therapy Page(s): 58-59.

**Decision rationale:** The California MTUS states that manual therapy and manipulation is recommended for chronic pain if caused by musculoskeletal conditions. For the low back, therapy is recommended initially in a therapeutic trial of 6 sessions and with objective functional improvement a total of up to 18 visits over 6-8 weeks may be appropriate. Treatment for flare-ups requires a need for re-evaluation of prior treatment success. Treatment beyond 4-6 visits should be documented with objective improvement in function. The maximum duration is 8 weeks and at 8 weeks patients should be re-evaluated. Care beyond 8 weeks may be indicated for certain chronic pain patients in whom manipulation is helpful in improving function, decreasing pain and improving quality of life. The clinical documentation submitted for review failed to indicate the injured worker had objective functional benefit with the prior chiropractic care. The quantity of sessions were not provided. Given the above, and the lack of documentation of objective functional improvement and decrease in pain, the request for chiropractic therapy one time a week for six weeks for the lumbar spine is not medically necessary.

**ENT consultation:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, Chapter 7, page 127

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Introduction Page(s): 1.

**Decision rationale:** The California Medical Treatment Utilization Schedule guidelines recommend upon ruling out a potentially serious condition, conservative management is provided. If the complaint persists, the physician needs to reconsider the diagnosis and decide whether a specialist evaluation is necessary. The clinical documentation submitted for review failed to indicate a rationale for the requested consultation. Given the above, the request for ENT consultation is not medically necessary.

**Ophthalmology consultation:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, Chapter 7, page 127

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
Introduction Page(s): 1.

**Decision rationale:** The California Medical Treatment Utilization Schedule guidelines recommend upon ruling out a potentially serious condition, conservative management is provided. If the complaint persists, the physician needs to reconsider the diagnosis and decide whether a specialist evaluation is necessary. The clinical documentation submitted for review failed to indicate a rationale for the requested consultation. Given the above, the request for ophthalmology consultation is not medically necessary.