MAXIMUS Federal Services

Case Number:	CM15-0015155		
Date Assigned:	02/03/2015	Date of Injury:	12/04/2013
Decision Date:	03/26/2015	UR Denial Date:	01/16/2015
Priority:	Standard	Application Received:	01/27/2015

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: Texas, Ohio, California
Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented [redacted] employee who has filed a claim for chronic knee and low back pain reportedly associated with an industrial injury of December 4, 2013.In a Utilization Review Report dated January 16, 2015, the claims administrator failed to approve requests for chiropractic manipulative therapy, a physiatry consultation, and physical therapy. The claims administrator did, however, approve a lumbar MRI. The claims administrator referenced an RFA form received on January 12, 2015 in its determination. The decision comprised almost explicitly of non-MTUS ODG guidelines.The applicant's attorney subsequently appealed.A lumbar MRI of January 21, 2015 was read as negative, it was incidentally noted.In a progress note dated December 15, 2014, the applicant reported persistent complaints of low back pain radiating to the left leg, 7-8/10. The applicant was having difficulty with standing and walking activities. The applicant was asked to pursue additional chiropractic manipulative therapy. The applicant was given an extremely proscriptive 15-pound lifting limitation. It was not clearly stated whether the applicant was or was working with said limitations in place, although this did not appear to be the case. A lumbar MRI imaging, a pain management consultation, additional manipulative therapy and additional physical therapy were endorsed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic treatment QTY: 6: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792.2.

Decision rationale: 1. No, the request for six sessions of chiropractic manipulative therapy was not medically necessary, medically appropriate, or indicated here.While pages 59 and 60 of the MTUS Chronic Pain Medical Treatment Guidelines do support up to 24 sessions of chiropractic manipulative therapy in applicants who demonstrate treatment success by achieving and/or maintaining successful return to work status, in this case, however, the applicant did not appear to be working with a rather proscriptive 15-pound lifting limitation in place as of the December 15, 2014 office visit on which additional manipulative therapy were endorsed. Therefore, the request for additional chiropractic manipulative therapy was not medically necessary.

Physiatrist- pain management: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Part 1: Introduction Page(s): Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792.20 ?.

Decision rationale: 2. Conversely, the request for a physiatrist-pain management referral was medically necessary, medically appropriate, or indicated here.As noted on page 1 of the MTUS Chronic Pain Medical Treatment Guidelines, the presence of persistent complaints which prove recalcitrant to conservative management should lead the primary treating provider to reconsider the operating diagnosis and determine whether a specialist evaluation is necessary. Here, the applicant was/is off of work. The primary treating provider, a chiropractor, was seemingly unable to furnish the applicant with prescription medications. Obtaining the added expertise of a practitioner better equipped to address issues with chronic pain, including medication management issues, such as a physiatrist, was indicated. Therefore, the request was medically necessary.

Physical therapy QTY: 6: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Physical Medicine

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management Page(s): Chronic Pain Medical Treatme.

Decision rationale: 3. Finally, the request for six sessions of physical therapy was not medically necessary, medically appropriate, or indicated here.As noted on page 8 of the MTUS Chronic Pain Medical Treatment Guidelines, demonstration of functional improvement is necessary at various milestones in the treatment program in order to justify continued treatment. Here, the applicant was seemingly off of work as of the December 15, 2014 progress note on which additional physical therapy was endorsed, despite completion of earlier physical therapy in unspecified amounts over the course of the claim, suggesting a lack of functional improvement as defined in MTUS 9792.20f, despite completion of the same. No clear or compelling rationale for additional formal physical therapy was furnished, given the applicant's seemingly unfavorable response to earlier treatment. Therefore, the request was not medically necessary.