

Case Number:	CM15-0112151		
Date Assigned:	06/18/2015	Date of Injury:	05/05/2014
Decision Date:	07/27/2015	UR Denial Date:	06/02/2015
Priority:	Standard	Application Received:	06/10/2015

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, 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 is a 33-year-old male, who sustained an industrial injury on 05/05/2014. The injured worker is currently off work. The injured worker is currently diagnosed as having lumbar sprain/strain, radiculitis, and cervicgia. Treatment and diagnostics to date has included lumbar spine MRI that showed disc protrusions and disc desiccation and medications. The patient has had sleeplessness anxiety and depression. In a progress note dated 02/14/2015, the injured worker presented with complaints of low back pain, neck pain, and right thigh to knee pain. Objective findings include diminished sensation to light touch of right anterior thigh, positive Kemp's test, limited range of motion, and 1-2+ reflexes. The treating physician reported requesting authorization for chiropractic treatment, pain management consultation, and psychological consultation. Patient sustained the injury due to bending and pulling activities. The patient has had MRI of the lumbar spine on 6/18/15 that revealed disc protrusion and foraminal narrowing, facet hypertrophy and degenerative changes. Patient has received an unspecified number of PT visits for this injury. The medication list includes Norco and Hydrocodone. A recent detailed psychiatric evaluation note of a psychiatrist was not specified in the records provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic manipulation and physiotherapy two times a week for 4 weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical therapy, Manual therapy & manipulation Page(s): 98, 58-59.

Decision rationale: The guidelines cited below state, "allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home physical medicine". Per the MTUS guidelines regarding chiropractic treatment, "One of the goals of any treatment plan should be to reduce the frequency of treatments to the point where maximum therapeutic benefit continues to be achieved while encouraging more active self-therapy, such as independent strengthening and range of motion exercises, and rehabilitative exercises. Patients also need to be encouraged to return to usual activity levels despite residual pain, as well as to avoid catastrophizing and overdependence on physicians, including doctors of chiropractic." In addition the cite guideline states "Several studies of manipulation have looked at duration of treatment, and they generally showed measured improvement within the first few weeks or 3-6 visits of chiropractic treatment, although improvement tapered off after the initial sessions. If chiropractic treatment is going to be effective, there should be some outward sign of subjective or objective improvement within the first 6 visits." Patient has received an unspecified number of PT visits for this injury. Previous conservative therapy notes were not specified in the records provided. The requested additional visits in addition to the previously certified PT sessions are more than recommended by the cited criteria. The records submitted contain no accompanying current PT evaluation for this patient. There was no evidence of ongoing significant progressive functional improvement from the previous PT visits that is documented in the records provided. Previous PT visits notes were not specified in the records provided. Per the guidelines cited, "Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels." A valid rationale as to why remaining rehabilitation cannot be accomplished in the context of an independent exercise program is not specified in the records provided. The medical necessity of the request for Chiropractic manipulation and physiotherapy two times a week for 4 weeks is not medically necessary for this patient.

PMR Consult and treatment: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chapter 7: Independent Medical Examinations and Consultations.

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) Chapter 7, IME and consultations.

Decision rationale: The injured worker is currently diagnosed as having lumbar sprain/strain, radiculitis, and cervicgia. Treatment and diagnostics to date has included lumbar spine MRI

which showed disc protrusions and disc desiccation and medications. The patient has had sleeplessness anxiety and depression. In a progress note dated 02/14/2015, the injured worker presented with complaints of low back pain, neck pain, and right thigh to knee pain. Objective findings include diminished sensation to light touch of right anterior thigh, positive Kemp's test, limited range of motion, and 1-2+ reflexes. Patient sustained the injury due to bending and pulling activities. The patient has had MRI of the lumbar spine on 6/18/15 that revealed disc protrusion and foraminal narrowing, facet hypertrophy and degenerative changes. The medication list includes Norco and Hydrocodone. Therefore, this is a complex case, with chronic pain, presence of psychological issues and the pt is on opioids as well. The management of this case would be benefited by a PMR Consult and treatment. The request for PMR Consult and treatment is medically necessary and appropriate for this patient.

Psych consult with mission psych group: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chapter 7: Independent Medical Examinations and Consultations.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress (updated 03/25/15), Psychological evaluations and Other Medical Treatment Guidelines American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, IME and consultations.

Decision rationale: Per the cited guidelines, "The occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise." In addition, the cited guidelines state, "Psychological evaluations- Recommended. Psychological evaluations are generally accepted, well-established diagnostic procedures not only with selected use in pain problems, but also with more widespread use in subacute and chronic pain populations." The injured worker is currently diagnosed as having lumbar sprain/strain, radiculitis, and cervicalgia. Treatment and diagnostics to date has included lumbar spine MRI which showed disc protrusions and disc desiccation and medications. The patient has had sleeplessness anxiety and depression. In a progress note dated 02/14/2015, the injured worker presented with complaints of low back pain, neck pain, and right thigh to knee pain. The medication list includes Norco and Hydrocodone. This 33 year old patient has chronic pain, along with sleeplessness anxiety and depression . He is not working and is on opioids. There are likely complex psychosocial issues and the management of this case would be benefited by a Psych consult with mission psych group. The request for Psych consult with mission psych group is medically necessary and appropriate for this patient.