

Case Number:	CM15-0178880		
Date Assigned:	09/21/2015	Date of Injury:	11/25/2013
Decision Date:	10/23/2015	UR Denial Date:	08/28/2015
Priority:	Standard	Application Received:	09/11/2015

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: 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 is a 62 year old male, who sustained an industrial injury on 11-25-13. The injured worker was diagnosed as having lumbar and lumbosacral spine herniated disc; disc degeneration lumbar spine; lumbar radiculitis; lumbar sprain-strain; hip sprain-strain. Treatment to date has included acupuncture; chiropractic therapy; lumbar epidural steroid injections; medications. Currently, the PR-2 notes dated 8-5-15 indicated the injured worker complains of low back and left leg pain as well as inguinal (left) pain. Treatment to date is documented as a lumbar MRI, epidural steroid injections for the lumbar spine x2 which is reported as not helpful to his low back pain, acupuncture 12 sessions which are reported as not helpful to the low back pain, surgical consultation which recommended lumbar surgery but this was not authorized. The documentation also notes that he injured worker has had a bone density, ultrasound of the abdominal area and lab tests, which were all reported as normal. The provider documents; "He reports the medications prescribed by another physician are: Hydrocodone Acetaminophen helps his pain level. If he does not take the medications three times a day, then he has sharp pain. However, at this point, he still requires an orthopedic evaluation. He rates his pain as a 2 on a scale of 0 to 10 with medication; however, when he does not take the medication or at the end of 7 to 8 hours, he notes sharp back pain and left buttocks pain which radiates to the anterior aspect." He reports to the provider "he continues to wake up during the night two or three times, and then his pain subsides. He no longer has to sleep on the floor as much as before. Sometimes he does sleep on the floor due to his pain." The provider documents "He has been previously told by three orthopedic surgeons that surgery was required, but he was hesitant about the surgery, but at this point, he cannot take the pain. He did have two epidural surgeries [epidural steroid injections] but did not experience significant relief." He is no longer worker as of 3-20-15 due to

his employer could no longer provide him with work that included limited lifting up to 10 pounds. On physical examination the provider documents "Lumbar Spine Examination: he presents with a stooped forward posture. He cannot walk upright due to his sharp left sided back pain and buttock pain. He now has left gluteal region pain, which is extremely sharp. Range of motion: flexion 55 degrees, extension 5 degrees, right lateral flexion 25 degrees, left lateral flexion 10 degrees, right rotation 30 degrees and left rotation 20 degrees. He cannot perform heel and toe walk as he starts to experience pain after he stands on his toes. He reports sharp pain upon palpation at the TFL and the hip flexors on the left. Patrick Fabere's is positive on the left. There is no pain to palpation of the knees. He reports the pain radiates to the left leg. There is no tenderness in the Achille's medial malleolus, lateral malleolus, anterior ankle, heel, midfoot, medial foot, lateral foot, ball, great toe, second, third, fourth and fifth toe bilaterally." The provider's treatment plan includes a request for chiropractic evaluation, continued evaluation with pain management and to date; he has not had a recent evaluation with an orthopedic surgeon. A Request for Authorization is dated 9-10-15. A Utilization Review letter is dated 8-30-15 and non-certification for Chiropractic evaluation; pain Management and Orthopedic Consultation. Utilization Review denied the requested treatments for not meeting the CA MTUS, ACOEM and ODG Guidelines. The provider is requesting authorization of Chiropractic evaluation; pain Management and Orthopedic Consultation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic evaluation: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), office visits.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation.

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. In addition, a plan for surgery was in process. The amount of chiropractor sessions recommended is unknown. The claimant had seen chiropractor earlier in 2015 and had undergone an unknown amount of sessions. Therapy and exercises will be more appropriate after surgery. The request for chiropractor consultation is not necessary.

Pain management: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 7, pg. 115; Official Disability Guidelines (ODG), office visits, pain management.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter and pg 92.

Decision rationale: According to the guidelines, office visits are recommended as medically necessary. The determination is also based on what medications the patient is taking, since some medicines such as opiates, or medicines such as certain antibiotics, require close monitoring. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system through self care as soon as clinically feasible. 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. In this case, the claimant has been seeing pain management for a prolonged period. There are arrangements being made for surgical management. There is no mention of additional interventions required by pain management. The request for additional pain management follow-up at this time is not medically necessary.

Orthopedic consultation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Office visits.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation pain chapter and pg 92.

Decision rationale: According to the guidelines, office visits are recommended as medically necessary. The determination is also based on what medications the patient is taking, since some medicines such as opiates, or medicines such as certain antibiotics, require close monitoring. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system through self care as soon as clinically feasible. 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. In this case, the claimant has seen numerous surgeons in the past who recommended surgery. The claimant can follow-up with the prior surgeons to schedule surgery. There is no justification for additional orthopedic consultation. However, a follow-up can be recommended with prior specialists. The request for additional consultation is not medically necessary.