MAXIMUS Federal Services

Case Number:	CM15-0063078		
Date Assigned:	04/08/2015	Date of Injury:	12/05/2013
Decision Date:	06/01/2015	UR Denial Date:	03/20/2015
Priority:	Standard	Application Received:	04/02/2015

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, Washington
Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 58 year old male, who sustained an industrial injury on 12/05/2013. The mechanism of injury is not indicated. The injured worker was diagnosed as having lumbar radiculopathy, and left wrist sprain/strain. Treatment to date has included medications, acupuncture, physical therapy, and chiropractic treatment. The injured worker presented on 03/04/2015 for a follow up evaluation with complaints of 8/10 low back pain with radiating symptoms into the bilateral lower extremities and 5/10 left wrist pain with numbness and tingling. Upon examination of the lumbar spine, there was limited range of motion with 40 degree flexion, 5 degree extension, and 5 degree left and right lateral bending. There was tenderness to palpation over the bilateral SI joints and lumbar paravertebral muscles. Palpable muscle spasm in the bilateral gluteus and lumbar paravertebral muscles was also noted. Straight leg raising was positive in the sitting position. Examination of the left wrist revealed positive Tinel's and Phalen's sign, tenderness to palpation, and muscle spasm in the forearm. Recommendations at that time included continuation of the current medication regimen. A Request for Authorization form was then submitted on 03/04/2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic Treatment for the Lumbar Spine L Wrist and L Elbow-8 visits (2x/wk x 4 wks): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy/ Manipulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58.

Decision rationale: The California MTUS Guidelines recommend manual therapy and manipulation for chronic pain if caused by a musculoskeletal condition. Treatment for the low back is recommended as a therapeutic trial of 6 visits over 2 weeks. The current request for 8 sessions of chiropractic therapy would exceed guideline recommendations. In addition, manual therapy and manipulation for the forearm, wrist, and hand is not recommended. Given the above, the request is not medically necessary.

Request Internal Medicine Consult to review Cardio-respiratory Report and Sleep Study Recommendations: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92.

Decision rationale: California MTUS/ACOEM Practice Guidelines state, a referral may be appropriate if the practitioner is uncomfortable with the line of inquiry outlined above, with treating a particular cause of delayed recovery, or has difficulty obtaining information or agreement to a treatment plan. It is unclear why an internal medicine physician has been requested for treatment of this injured worker. There is no apparent internal medicine diagnosis. The medical necessity for cardio-respiratory testing and a sleep study has not been established. There is no indication that this injured worker suffers from a cardiopulmonary disorder or sleep apnea. As the medical necessity has not been established, the request is not medically appropriate.

Pain Management Consult only Preferably with Physician outside the DC'S Facility Treatment not recommended for the Lumbar Spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92.

Decision rationale: California MTUS/ACOEM Practice Guidelines state, a referral may be appropriate if the practitioner is uncomfortable with the line of inquiry outlined above, with treating a particular cause of delayed recovery, or has difficulty obtaining information or agreement to a treatment plan. In this case, the injured worker has been issued a previous authorization for a pain management consultation. The medical necessity for an additional request has not been established in this case. As such, the request is not medically appropriate.

ROM) Range of Motion - Testing for the L Wrist, L Elbow, and Lumbar Spine - 1/month per Doctors Visit: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92.

Decision rationale: California MTUS/ACOEM Practice Guidelines state, a referral may be appropriate if the practitioner is uncomfortable with the line of inquiry outlined above, with treating a particular cause of delayed recovery, or has difficulty obtaining information or agreement to a treatment plan. Range of motion testing is expected to be performed in a standard office visit. The medical necessity for the current request has not been established. As such, the request is not medically appropriate.