MAXIMUS Federal Services

Case Number:	CM15-0091287		
Date Assigned:	05/15/2015	Date of Injury:	11/15/2013
Decision Date:	07/01/2015	UR Denial Date:	04/07/2015
Priority:	Standard	Application Received:	05/12/2015

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
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 38 year old male injured worker suffered an industrial injury on 11/15/2013. The diagnoses included lumbar radiculopathy and lumbar strain/sprain. The injured worker had been treated with medications, physical therapy, and acupuncture. On 3/5/2015 the treating provider reported low back pain with numbness and tingling. On exam there was restricted range of motion with tenderness of the lumbar muscles, sacroiliac joints along with spasms. The straight leg raise was positive. The treatment plan included Pain Management consult, Acupuncture, chiropractic , and ROM testing.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain Management consult: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 127. Decision based on Non-MTUS Citation Official Disability Guidelines Low Back Chapter.

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

Decision rationale: According to ACOEM guidelines, referral may be appropriate if the practitioner is uncomfortable with treating a particular cause of delayed recovery or has difficulty obtaining information or agreement to a treatment plan. The medical records do not establish evidence of neurologic deficits on clinical examination to support specialty referral. In addition, a course of chiropractic care is being deemed supported and in the absence of failure of conservative care, the request for specialty referral is not medically necessary. The request for Pain Management consult is not medically necessary and appropriate.

Acupuncture 1 x week for 6 weeks, thoracic/lumbar areas: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The MTUS acupuncture medical treatment guidelines state that acupuncture can be used to reduce pain, reduce inflammation, increase blood flow, increase range of motion, decrease the side effect of medication-induced nausea, promote relaxation in an anxious patient, and reduce muscle spasm. The medical records note that the injured worker has undergone prior acupuncture treatments and the medical records do not establish subjective or objective functional gains obtained from prior acupuncture treatments. The request for Acupuncture 1 x week for 6 weeks, thoracic/lumbar areas is not medically necessary and appropriate.

Chiropractic 1 x week for 6 weeks, thoracic/lumbar areas: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-299,Chronic Pain Treatment Guidelines Manipulation to the low back.

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

Decision rationale: Per the MTUS guidelines, Manual therapy & manipulation is recommended for chronic pain if caused by musculoskeletal conditions. Manual Therapy is widely used in the treatment of musculoskeletal pain. The intended goal or effect of Manual Medicine is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. Time to produce effect: 4 to 6 treatments. The medical records note that the injured worker has been treated with physical therapy, medication and acupuncture. However, the injured worker remains symptomatic and the medical records do not establish attempt at chiropractic treatment. The request for Chiropractic 1 x week for 6 weeks, thoracic/lumbar areas is medically necessary and appropriate in an attempt to decrease pain and increased function.

ROM testing 1 x month per MD visit, thoracic/lumbar areas: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter.

Decision rationale: According to ODG, Computerized range of motion (ROM)/ flexibility is not recommended as a primary criteria, but should be a part of a routine musculoskeletal evaluation. The guidelines state that the relation between lumbar range of motion measures and functional ability is weak or nonexistent. While standard range of motion testing is supported as part of an evaluation, the request for specialized range of motion testing is not supported. The request for ROM testing 1 x month per MD visit, thoracic/lumbar areas is not medically necessary and appropriate.