

Case Number:	CM15-0091353		
Date Assigned:	05/18/2015	Date of Injury:	08/27/2013
Decision Date:	06/18/2015	UR Denial Date:	05/07/2015
Priority:	Standard	Application Received:	05/13/2015

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, Indiana, New York
 Certification(s)/Specialty: Internal 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 injured worker is a 53 year old male, who sustained an industrial injury on 8/27/2013. He reported a fall, landing on his back and impacting the inner side of his right knee. The injured worker was diagnosed as having lumbar degenerative disc disease, lumbar radiculopathy, and lumbar spine herniated nucleus pulposus L3-S1. Treatment to date has included diagnostics, acupuncture, chiropractic, right knee steroid injection, and medications. The PR2 noted treatment history of chiropractic, providing a 50% decrease in pain, but then pain gradually returned after an hour session. Currently (3/31/2015), the injured worker complains of low back pain and frequent urination. He reported occasional numbness in the right side of his back, and numbness and tingling in his right foot, and occasionally on the left. Pain was rated 7/10. Current medications included Naproxen, Norco, Ultracet, Flexaril, and Prilosec. Exam of the lumbar spine noted tenderness to palpation over the lumbar midline and bilateral paraspinals around L4-S1, and positive facet loading bilaterally. Range of motion was decreased, sensory was decreased in the right L5 and S1 dermatomes, and motor exam was notable for 5-/5 right quadriceps, hamstrings, extensor hallucis longus, inversion, plantar flexion, and eversion, 4+/-5 right tibialis anterior. Straight leg raise test was positive on the right. X-rays of the lumbar spine were documented to show severe disc space narrowing at L5-S1 and osteophyte formation at L5. Magnetic resonance imaging of the lumbar spine (3/28/2014) was documented to show disc desiccation at L1-L2 down to L5-S1, with associated disc height loss at L5-S1, spinal stenosis of the lower lumbar vertebra, broad based disc herniation L3-4, which causes stenosis of the spinal canal and bilateral recess with contact on the visualized bilateral L4 exiting nerve roots, broad

based disc herniation L4-5, which causes stenosis of the spinal canal and bilateral lateral recess with deformity of the visualized bilateral L5 transiting nerve roots, and diffuse disc herniation L5-S1, causing stenosis of the spinal canal and bilateral lateral recess with contact on the visualized bilateral S1 transiting nerve roots. Electromyogram (1/16/2014) was documented as normal. The treatment plan was documented as including chiropractic (2 x 4) for the lumbar spine, general practitioner to evaluate urological complaints, general orthopedic follow-ups to treat the right knee, referral to spine specialist, and medications. His work status was temporary partial disability with restrictions and he was not working.

IMR ISSUES, DECISIONS AND RATIONALES

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

Referral to Spine specialist: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 307.

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): Chapter 7, Page 127.

Decision rationale: Pursuant to the ACOEM and the Official Disability Guidelines, referral spine specialist is not medically necessary. An occupational health practitioner may refer to other specialists if the diagnosis is certain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A consultation is designed to aid in the diagnosis, prognosis and therapeutic management of a patient. The need for a clinical office visit with a healthcare provider is individualized based upon a review of patient concerns, signs and symptoms, clinical stability and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medications such as opiates for certain antibiotics require close monitoring. In this case, the injured worker's working diagnoses or lumbar spine degenerative disc disease L5 - S1; lumbar radiculopathy; and lumbar HNP. The injured worker was under the treatment of an orthopedic surgeon for the right knee. A progress note dated November 13, 2014 shows the worker scheduled for surgery with a right knee arthroscopy. The injured worker was under the care of an orthopedic spine surgeon according to progress note dated March 31, 2015. The injured worker returned for follow-up of low back pain. The documentation indicates the injured worker received 9 chiropractic treatments with 50% improvement, but symptoms returned in one hour. Currently, the injured worker complains of cramping and stabbing pain in the low back radiating to the posterior right side. The VAS pain score is 7/10. Objectively, there is tenderness palpation over the bilateral lumbar paraspinals. The documentation indicates the injured worker is under the care of an orthopedic spine surgeon. There is no clinical rationale for a referral to a second spine specialist. Consequently, absent compelling clinical documentation with a clinical indication and rationale for a referral to a second spine specialist, referral spine specialist is not medically necessary.

Chiropractic therapy 2 x 4 for lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulations Page(s): 58-60.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chiropractic Therapy Page(s): 58-60. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Chiropractic therapy.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, chiropractic sessions two times per week times four weeks for the lumbar spine are not medically necessary. Manual manipulation and therapy is recommended for chronic pain is caused by musculoskeletal conditions. The intended goal of effective manual medicine is the achievement of positive symptomatic or objective measurable gains and functional improvement. Manipulation, therapeutic care-trial of 6 visits over two weeks. With evidence of objective functional improvement, total of up to 18 visits over 6 to 8 weeks. Elective/maintenance care is not medically necessary. In this case, the injured worker's working diagnoses or lumbar spine degenerative disc disease L5 - S1; lumbar radiculopathy; and lumbar HNP. The documentation the medical record shows the injured worker received nine chiropractic treatments with 50% improvement, but symptoms returned in one hour. There is no documentation of objective functional improvement with prior chiropractic treatment. There was a similar outcome with acupuncture treatments. The guidelines allow for a 6-visit trial over two weeks. With evidence of objective functional improvement, total of up to 18 visits over 6 to 8 weeks. There was no objective functional improvement after the initial trial. Consequently, absent compelling clinical documentation with evidence of objective functional improvement referencing the 9 prior chiropractic sessions, chiropractic sessions two times per week times four weeks for the lumbar spine are not medically necessary.

General orthopedic follow-ups for right knee: 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), Pain, Office Visits.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Office visits.

Decision rationale: Pursuant to the Official Disability Guidelines, Gen. orthopedic follow-up visits right knee are not medically necessary. The need for a clinical office visit with a healthcare provider is individualized based upon a review of patient concerns, signs and symptoms, clinical stability and reasonable physician judgment. The determination is also based on what medications the patient is taking, some medicines as opiates or certain antibiotics require close monitoring. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. Determination of necessity for an office visit requires individual case review and reassessment 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. In this case, the injured worker's working diagnoses or lumbar spine degenerative disc disease L5 - S1; lumbar radiculopathy; and lumbar HNP. The injured worker was under the treatment of an orthopedic surgeon for the right knee. A progress

note dated November 13, 2014 shows the worker scheduled for surgery with a right knee arthroscopy. The injured worker was under the care of an orthopedic spine surgeon according to progress note dated March 31, 2015. The injured worker returned for follow-up of low back pain. The documentation indicates the injured worker received 9 chiropractic treatments with 50% improvement, but symptoms returned in one hour. Currently, the injured worker complains of cramping and stabbing pain in the low back radiating to the posterior right side. The VAS pain score is 7/10. Objectively, there is tenderness palpation over the bilateral lumbar paraspinals. While a single follow-up is clinically indicated based on the ongoing symptoms and objective findings, a series of follow-up visits for the right knee are not clinically indicated. Additional visits would be based on the clinical progress of the injured worker based on clinical symptoms and signs at the prior visit. Based on the clinical information in the medical record and the peer-reviewed evidence-based guidelines, Gen. orthopedic follow-up visits right knee are not medically necessary.