

Case Number:	CM15-0097443		
Date Assigned:	05/28/2015	Date of Injury:	06/04/2010
Decision Date:	07/02/2015	UR Denial Date:	04/22/2015
Priority:	Standard	Application Received:	05/20/2015

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: Physical Medicine & Rehabilitation

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 (IW) is a 33-year-old male who sustained an industrial injury on 06/04/2010. He reported low back pain. The injured worker was diagnosed as having lumbar intervertebral disc syndrome-chronic; sciatic radiculoneuropathy-bilateral with right side predominance- chronic; and late effects of lumbar muscular strain/ligamentous sprain. Treatment to date has included home care self-treatment of Motrin and Vicodine for pain with ice to the area of pain. The treatment has been ineffective of late, so he presented himself for treatment pursuant to his future medical care award, which he received with his injury. Currently, the injured worker complains of a flare up of frequent, slight/moderate bilateral with right primary mid to lower back pain with slight/moderate right sciatic radiculoneuropathy and insomnia. On examination, the worker had positive Lasegue's on the right and Braggard's right, positive Well Leg Raise on the left and Fajazerstahjn's left, positive Valsalva's and Dejerines Triad, decreased active range of motion of the thoracolumbar spine with palpable tenderness of the thoracic and lumbar paraspinals. The treatment plan includes Chiropractic treatment x 3 visits over 4 weeks, Chiropractic re-exam, and orthopedic evaluation and treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic treatment x 3 visits over 4 weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Treatment Guidelines, Chiropractic Care, Manual Therapy & Manipulation, Treatment, Pages 58-60.

Decision rationale: MTUS Guidelines supports chiropractic manipulation for musculoskeletal injury. It is unclear how many sessions have been completed to date. Submitted reports have not demonstrated clear specific functional benefit or change in chronic symptoms and clinical findings for this chronic injury. There are unchanged clinical findings and functional improvement in terms of decreased pharmacological dosing with pain relief, decreased medical utilization, increased ADLs or improved work/functional status from treatment already rendered by previous chiropractic care. Clinical exam remains unchanged without acute flare-up or new red-flag findings. It appears the patient has received an extensive conservative treatment trial; however, remains unchanged without functional restoration approach. The Chiropractic treatment x 3 visits over 4 weeks is not medically necessary and appropriate.

Orthopedic evaluation and treatment: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, Chapter 7- Independent Medical Examinations and Consultations, page 127.

Decision rationale: Review indicates the request was modified for orthopedic evaluation. Medical necessity has not been established nor has findings met criteria for surgical consult per MTUS Medical Treatment Guidelines. MTUS Guidelines clearly notes that injured workers must have clear clinical and imaging findings consistent with a surgical lesion to support for consultation. Submitted reports have not demonstrated any surgical lesion or indication for surgical consult when the patient is without red-flag conditions, or deteriorating function with limiting ADLs amenable to surgical intervention. Examination has no specific neurological deficits to render surgical treatment nor is there any diagnostic study with significant emergent surgical lesion or failed conservative care failure. The Orthopedic evaluation and treatment is not medically necessary and appropriate.