

Case Number:	CM13-0002548		
Date Assigned:	03/03/2014	Date of Injury:	06/03/2013
Decision Date:	05/20/2014	UR Denial Date:	06/18/2013
Priority:	Standard	Application Received:	07/22/2013

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Inteventional Spine, and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 30-year-old male with date of injury of 06/03/2013. The listed diagnoses by the provider dated 06/04/2013 are thoracic sprain/strain and lumbar sprain/strain. According to progress report dated 06/04/2013, the patient strained his lower back while lifting a resident with thoracolumbar periarticular pain upon flexion, extension, and rotation. Objective findings show he had orthopedic range of motion loss of low back during flexion and lateral bending with reproducible pain upon seated Kemp's and standing rotation of the thoracolumbar spine. Circumduction of the low back while bending also gave him thoracic symptoms reproducibly positive pain upon Beevor's. Lateral bending of thoracic spine gave him right worse than left rhomboid and lumbosacral spasms predominantly through the erectors and quadratus of the lumbar spine. Radiographs were negative for fractures or pathology. The provider is requesting x-rays of the thoracic and lumbar spines, 6 sessions of chiro-physiotherapy, 1 comfort back support, and oral medication consult

IMR ISSUES, DECISIONS AND RATIONALES

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

X-RAYS THORACIC SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 299-300, 309.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

Decision rationale: This patient presents with back pain. The provider is requesting an x-ray of the thoracic spine. Utilization review dated 06/18/2013 denied the request stating that there were no red flags or compelling reasons presented for the medical necessity of the x-rays. The ACOEM guidelines states that "imaging study is recommended in patients with the emergence of a red flag; physiologic evidence of tissue insult or neurologic dysfunction; failure to progress in a strengthening program intended to avoid surgery; and clarification of the anatomy prior to an invasive procedure." Progress report dated 06/04/2013 by the provider, does not document any finding on the upper back and neck area. Given the lack of documented pathology in the thoracic spine, recommendation is for denial

X-RAYS LUMBAR SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 299, 300 AND 309.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Guidelines for Radiography (Xray, C-spine).

Decision rationale: This patient presents with back pain. The provider is requesting an x-ray of the lumbar spine. Utilization review dated 06/18/2013 denied the request stating that there were no red flags or compelling reasons presented for the medical necessity of the x-rays. The ACOEM Guidelines state that "lumbar spine x-rays should not be recommended in patients with low back pain in the absence of red flags or serious spinal pathology even if the pain has persisted for or lasted 6 weeks. On equivocal objective findings, that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and would consider surgery as an option." The Official Disability Guidelines (ODG) also requires suspicion for tumor, infection, traumatic injury, myelopathy, etc. for an X-ray. According to progress report dated 06/04/2013 by the provider, examination shows positive Beevor's and Kemp's test. There are no suspicions for red flags. The recommendation is for denial.

SIX SESSIONS OF CHIRO-PHYSIOTHERAPY: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 58-59.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 30, 58-59.

Decision rationale: The patient presents with back pain. The provider is requesting 6 sessions of chiro-physiotherapy. On chiropractic treatments, the MTUS guidelines "recommend chiropractic treatment for chronic pain if caused by musculoskeletal conditions. Manual therapy is widely

used in the treatment of musculoskeletal pain. A trial of 6 visits over 2 weeks is recommended with evidence of objective functional improvement until up to 18 visits over 6 to 8 weeks." The clinical documentations submitted for review do not show any recent chiropractic treatments. In this case, the request for 6 sessions of chiro-physiotherapy is within MTUS guidelines. Therefore, recommendation is for authorization.

ONE COMFORT BACK SUPPORT: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301, 308. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

Decision rationale: This patient presents with back pain. The provider is requesting 1 comfort back support. The ACOEM guidelines state that "lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. It is recommended as an option for compression fractures and specific treatment of spondylolisthesis, documented instability, and for treatment of nonspecific lower back pain (very low-quality evidence but may be a conservative option)." In this case, this patient does not present with any condition that would warrant a back support. The Official Disability Guidelines (ODG) considers it an option for non-specific back pain but there is very low-quality evidence for it. Thus, the recommendation is for denial

ORAL MEDICATION CONSULT WITH IN HOUSE DOCTOR, MD MEDICATIONS (UNKNOWN): Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004)), pg. 127

Decision rationale: This patient presents with low back pain. The provider is requesting oral medication consult with [REDACTED]. The ACOEM guidelines state that health practitioner may refer to other specialist if a diagnosis is uncertain or extremely complex with psychosocial factors are present or when the pain or course of care may benefit from additional expertise. In this case, the provider is concerned about the patient's condition and would like additional expertise when it comes to recommending oral medications. Therefore, the request for consult is for authorization