

Case Number:	CM13-0015683		
Date Assigned:	07/02/2014	Date of Injury:	12/23/2010
Decision Date:	09/12/2014	UR Denial Date:	08/21/2013
Priority:	Standard	Application Received:	08/23/2013

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 Family Medicine 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:

This is a 55 year old female who reported an industrial injury to the back on 12/23/2010, almost four years ago, attributed to the performance of her customary job tasks reported as being struck by a container while loading freight. The patient has been treated with PT; chiropractic care; medications, and activity restrictions. The patient complains of mid-low back pain radiating to the lower extremities along with neck pain radiating to the upper extremities. The objective findings on examination included restricted ROM of the lumbar spine; diminished motor strength in the LLE. The MRI of the lumbar spine dated 4/4/11 documented evidence of disc bulges to L3-L5 and no disc bulge at L5-S1; facet hypertrophy noted at L3-4 and L4-5. The treatment plan included a repeated MRI of the lumbar spine; additional Chiropractic care; MRI of the thoracic spine; and an EMG/NCS of the BLEs.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI OF THE LUMBAR SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) low back chapter, MRI lumbar spine.

Decision rationale: The request for the authorization of a MRI of the lumbar spine for the diagnosis of lumbar spine pain was not supported with objective evidence on examination by the treating physician as there were no neurological deficits documented and no red flags documented for the reported pain to the back which did not radiate to the lower extremities. The patient was noted to have had a prior MRI of the lumbar spine that documented only disc bulges. There was no evidence of changes in clinical status to warrant imaging studies of the lumbar spine. The request was not made with the contemplation of surgical intervention, but as a screening study. The patient was not noted to have objective findings documented consistent with a change in clinical status or neurological status to support the medical necessity of a MRI of the lumbar spine. The patient was documented to have subjective complaints of pain to the lower back with no documented objective findings to the LEs. The patient reported persistent pain; however, there were no specified neurological deficits. There was no demonstrated medical necessity for a MRI of the lumbosacral spine based on the assessment by pain management. There are no documented progressive neurological changes, as objective findings documented consistent with a lumbar radiculopathy as effects of the DOI. There was no documented completion of the ongoing conservative treatment to the lower back and there is no specifically documented HEP for conditioning and strengthening. There are no demonstrated red flag diagnoses as recommended by the ODG or the ACOEM Guidelines. There is no demonstrated medical necessity for the requested repeated MRI of the lumbar spine.

MRI OF THE THORACIC SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 182; 177-78. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) neck and upper back--MRI.

Decision rationale: The request for authorization of a thoracic spine MRI was not supported with objective findings on examination to support medical necessity. The rationale for the requested imaging studies was not documented and there was no objective evidence to support the medical necessity of the requested imaging studies. The patient was not documented to have been provided conservative treatment and was not documented to have failed the attempted conservative treatment. The criteria recommended by evidence based guidelines were not documented to support the medical necessity of the requests. There is no rationale provided by the requesting provider to support the medical necessity of the MRI of the thoracic spine four years after the date of injury. There is no demonstrated change in clinical status to warrant a thoracic spine MRI almost 4 years s/p DOI. There are no demonstrated red flag diagnoses as recommended by the ACOEM Guidelines in order to establish the criteria recommended for a MRI of the thoracic spine. The medical necessity of the requested MRI of the thoracic spine was not supported with the subjective/objective findings recommend by the ACOEM Guidelines or the Official Disability Guidelines for the authorization of a thoracic MRI. The patient's treatment plan did not demonstrate an impending surgical intervention or any red flag diagnoses. The treatment plan was not demonstrated to be influenced by the obtaining of the Thoracic MRI.

There were no demonstrated sensory or motor neurological deficits on physical examination; there were no demonstrated changes to the patient's neurological examination other than the subjective pain complaint; and the patient was not shown to have failed a conservative program of strengthening and conditioning. The patient is not documented as contemplating surgical intervention to the thoracic spine. There were no documented clinical changes in the patient's clinical status or documented motor/sensory neurological deficits that would warrant the authorization of a MRI of the thoracic spine or meet the recommendations of the currently accepted evidence based guidelines. There is no provided rationale for the MRI of the thoracic spine by the requesting provider. The MRI results were not noted to affect the course of the recommended conservative treatment. The functional assessment for the provided conservative therapy since the date of injury has not been documented or provided in the physical therapy documentation. The MRI of the thoracic spine is not demonstrated to be medically necessary.

CHIROPRACTIC CARE 2X4 FOR THE THORACIC AND LUMBAR SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MANUAL THERAPY AND MANIPULATION.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-299; 153-54, Chronic Pain Treatment Guidelines Manual therapy and manipulation Page(s): 58-60. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Back chapter--Manipulation.

Decision rationale: The patient is noted to be almost 4 years s/p DOI with a complaint of continued thoracic and low back pain that was originally attributed to the cited mechanism of injury reported on the DOI. The objective findings documented by the requesting provider do not support the medical necessity for additional chiropractic care sessions for chronic pain for the treatment of thoracic spine and back pain with the diagnosis of sprain/strain; lumbar spine DDD; and radiculopathy. The patient is noted to have back pain and thoracic pain subsequent to the provided chiropractic care with no demonstrated functional improvement for the prior sessions of chiropractic care provided to this patient. The patient is reported to have short-term reduction in pain to the back with the previously provided chiropractic care. The ACOEM Guidelines recommend no chiropractic care/CMT in the presence of a nerve impingement radiculopathy and do not recommend chiropractic care for chronic back pain. Chiropractic care is recommended for acute low back pain but not chronic back pain. The patient is noted to have only TTP upon examination with some diminished Range of Motion; and full strength. There are no recommendations for chiropractic care for chronic low back pain with the diagnosis of radiculopathy. The patient was provided prior sessions of chiropractic care with no demonstrated sustained functional improvement. There are no recommendations for maintenance chiropractic care. The request for additional chiropractic care exceeds the recommendations of the California MTUS. The treatment of the patient with chiropractic care/CMT is not supported with objective evidence for the cited objective findings on examination. The treating diagnoses do not support the medical necessity of additional chiropractic care as opposed to integration into a self-directed home exercise program. The CA MTUS recommends chiropractic care for acute back pain. The ACOEM Guidelines do not recommend chiropractic care for chronic low back pain. The CA MTUS does not recommend more than 18 sessions of chiropractic care to the

lumbar spine for severe acute injuries. The recommendation for moderate strains to the lower back is up to nine (9) sessions of chiropractic care. The patient does not meet the criteria recommended for continued chiropractic care to the lumbar spine. The request for chiropractic care for the chronic back pain is not supported with objective evidence to support medical necessity and is not demonstrated to be the effects of the industrial injury. The requested treatment is inconsistent with the recommendations of the CA MTUS. There is no objective evidence provided to support the medical necessity of chiropractic care as opposed to the recommended home exercise program. The updated chronic pain chapter (8/8/08) of the ACOEM Guidelines only recommends chiropractic treatment for acute and subacute lower back and upper back/neck pain. The patient has chronic lower back pain and the CA MTUS and the ACOEM Guidelines do not recommend maintenance care or periodic treatment plans for flare up care. The ACOEM Guidelines do not recommend the use of chiropractic manipulation for the treatment of chronic lower back/neck pain or for radiculopathies due to nerve root impingement. The ACOEM Guidelines recommend chiropractic manipulation for the treatment of acute/subacute lower back pain but not for chronic back pain as there is no supporting evidence of the efficacy of chiropractic treatment for chronic lower back pain. The updated ACOEM Guidelines (revised 4/07/08) for the lower back do not recommend chiropractic manipulation for chronic lower back pain or for radiculopathy pain syndromes. Chiropractic intervention is recommended by the ACOEM Guidelines during the first few weeks of acute lower back pain but not for chronic pain. The patient should be participating in a self-directed home exercise program for the treatment of her chronic lower back pain. The requested treatment is being directed to chronic back pain which is inconsistent with the recommendations of the revised ACOEM Guidelines for the treatment of the lower back. There is no documented objective evidence that the patient cannot participate in a self-directed home exercise program for conditioning and strengthening without the necessity of professional supervision.

ELECTROMYOGRAPHY OF THE BILATERAL LOWER EXTREMITIES: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303; 62, Chronic Pain Treatment Guidelines Manual therapy and manipulation Page(s): 58-60. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) low back chapter EMG and NCS.

Decision rationale: There is no objective evidence of any changes in the neurological status of the patient to warrant electrodiagnostic studies. The patient was documented to have a normal neurological examination other than reported subjective lateral leg numbness. There was no objective finding on examination of a sensory loss over a dermatomal distribution. There is no evidence of a nerve impingement radiculopathy on the previously obtained MRI of the lumbar spine. The neurological examination was documented as normal. The MRI the lumbar spine fails to demonstrate a nerve impingement radiculopathy. The patient continues to complain of back pain. There were no demonstrated neurological deficits along a dermatomal distribution to the BLEs that were reproducible on examination. The patient was not noted to have any changes in clinical status. The patient had some subjective complaints of radiculitis; however, there were

no documented objective findings on examination to support medical necessity. There is no demonstrated medical necessity for a BLE EMG for the pain management of this patient. The request for the authorization of the EMG of the bilateral lower extremities was not supported with any objective clinical findings that would demonstrate a change in the neurological status of the patient or demonstrate neurological deficits in the lower extremities. The EMG was ordered to rule out pathology prior to the provision of a lumbar ESI; however, there was no rationale supported by objective evidence to support this rationale. There is no documented nerve impingement radiculopathy. There are no documented neurological findings that would suggest a nerve entrapment neuropathy in the clinical documentation to the BLEs. The motor and sensory examination was documented to be normal. There are no equivocal MRI findings demonstrating a possible nerve entrapment radiculopathy. The MRI was not assessed as equivocal to support the medical necessity of the electrodiagnostic testing.

NERVE CONDUCTION STUDIES FOR THE BILATERAL LOWER EXTREMITIES:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303, Chronic Pain Treatment Guidelines Manual therapy and manipulation Page(s): 58-60. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) back chapter EMG; NCS.

Decision rationale: There is no objective evidence of any changes in the neurological status of the patient to warrant electrodiagnostic studies. The patient was documented to have a normal neurological examination other than reported subjective lateral leg numbness. There was no objective finding on examination of a sensory loss over a dermatomal distribution. There is no evidence of a nerve impingement radiculopathy on the two MRIs of the lumbar spine. The neurological examination was documented as normal. The MRI the lumbar spine fails to demonstrate a nerve impingement radiculopathy. The patient continues to complain of back pain. There were no demonstrated neurological deficits along a dermatomal distribution to the BLEs that were reproducible on examination. The patient was not noted to have any changes in clinical status. The patient had some subjective complaints of radiculitis; however, there were no documented objective findings on examination to support medical necessity. There is no demonstrated medical necessity for a BLE NCS for the pain management of this patient. The request for the authorization of the NCS of the bilateral lower extremities was not supported with any objective clinical findings that would demonstrate a change in the neurological status of the patient or demonstrate neurological deficits in the lower extremities. There is no documented nerve impingement radiculopathy. There are no documented neurological findings that would suggest a nerve entrapment neuropathy in the clinical documentation to the BLEs. The motor and sensory examination was documented to be normal. There are no equivocal MRI findings demonstrating a possible nerve entrapment radiculopathy. The MRI was not assessed as equivocal to support the medical necessity of the electrodiagnostic testing.