

<b>Case Number:</b>	CM13-0021006		
<b>Date Assigned:</b>	02/26/2014	<b>Date of Injury:</b>	02/15/2011
<b>Decision Date:</b>	05/21/2014	<b>UR Denial Date:</b>	08/06/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/06/2013

### 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 Occupational 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:

The applicant is a represented [REDACTED] employee who has a filed a claim for chronic low back pain reportedly associated with an industrial injury of February 5, 2011. Thus far, the applicant has been treated with analgesic medications, attorney representation, transfer of care to and from various providers in various specialties, epidural steroid injection therapy, unspecified amounts of manipulative therapy over the life of the claim and extensive periods of time off of work. In a utilization review report of August 6, 2013, the claims administrator denied a request for MRI imaging, denied a request for chiropractic manipulative therapy, and denied a request for lumbar plain films. In several instances, non-MTUS Guidelines were cited, although the MTUS does directly address all the topics at hand. The applicant's attorney subsequently appealed. A June 20, 2013 chiropractic progress note was notable for comments that the applicant reported persistent low back pain. The applicant had recently obtained legal representation and was now changing physicians. The applicant's new primary treating physicians (PTP) is a chiropractor (DC). The applicant had reportedly completed 16 sessions of physical therapy and 12 and 14 sessions of manipulative therapy, the applicant's new primary provider (PTP) noted. The applicant did report persistent low back pain radiating to the lower extremities. The applicant's medication list included Celebrex, Motrin, Percocet, and Zestril. Limited lumbar range of motion is noted with positive straight leg raising appreciated. X-rays of the lumbar spine showed low-grade degenerative changes of uncertain significance. Further epidural steroid injection therapy, and updated x-ray series, and updated lumbar MRI were sought. The applicant is placed off of work, on total temporary disability. The applicant was described as possessing symmetric lower extremity reflexes, normal lower extremity sensorium, and 5/5 lower strength bilaterally.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **MRI OF LUMBAR SPINE WITHOUT CONTRAST:** 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.

**Decision rationale:** As noted in the California MTUS-adopted ACOEM Practice Guidelines in Chapter 12, page 303, unequivocal evidence of neurologic compromise is sufficient evidence to warrant imaging studies in applicants who do not respond to treatment and who would consider surgery an option were it offered to them. In this case, however, there is no mention that the applicant is considering or contemplating a surgical remedy. The requesting provider is chiropractor (DC), not a spine surgeon or neurosurgeon. The applicant was described as exhibiting 5/5 lower extremity strength on most recent office visit on June 20, 2013 with well preserved reflexes, arguing against any focal neurologic compromise for which MRI imaging would be indicated. Accordingly, the request is not medically necessary.

### **CHIROPRACTIC SESSIONS 2 TIMES PER WEEK FOR 3 WEEKS:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy And Manipulation Topic, Page(s): 58-60.

**Decision rationale:** As noted on page 58 of the MTUS California Chronic Pain Medical Treatment Guidelines, the time needed to produce effect following introduction of manipulative therapy is four to six treatments. In this case, the applicant has, per the new primary treating provider, had treatment well in excess of these amounts, at least 12 to 14 sessions of treatment to date. In this case, however, the applicant has not demonstrated any treatment successfully. The applicant is off of work, on total temporary disability. While pages 59 and 60 of the MTUS California Chronic Pain Medical Treatment Guidelines support up to 24 sessions of manipulative treatment in applicants who demonstrate treatment successfully by achieving and/or maintaining successful return to work status, in this case, however, the applicant has not in fact successfully returned to work. Accordingly, the request for additional chiropractic manipulative therapy is not medically necessary.

### **X-RAYS OF LUMBAR SPINE:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 51.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309. Decision based on Non-MTUS Citation MTUS: ACOEM PRACTICE GUIDELINES, CHAPTER 12, 309

**Decision rationale:** As noted in the California MTUS-adopted ACOEM Practice Guidelines in Chapter 12, Table 12-8, page 309, routine usage of radiography in the absence of red flags is "not recommended." In this case, as noted previously the applicant in fact has no red flags. There is no evidence of neurologic compromise pertaining to the lumbar spine and/or lower extremities. The applicant possessed of normal lower extremity reflexes, strength, and sensation. It is not clear what purposes plain films of the lumbar spine would serve. It is not clear how these tests would influence the treatment plan. Accordingly, the request is likewise not medically necessary.