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| Case Number: | CM13-0037041 | | |
| Date Assigned: | 12/13/2013 | Date of Injury: | 05/07/2013 |
| Decision Date: | 02/20/2014 | UR Denial Date: | 09/16/2013 |
| Priority: | Standard | Application Received: | 10/21/2013 |

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation and Pain Medicine and is licensed to practice in Oklahoma and Texas. 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 physician 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 25-year-old female who reported a work related injury on 05/07/2013, the result of a motor vehicle accident. The clinical note dated 08/13/2013 notes the patient was seen under the care of [REDACTED] for treatment of the following diagnoses: cervical sprain/strain, thoracic/lumbar myositis, and lumbar spine sprain/strain. At the time of the injury, the patient presented to the emergency room, imaging was performed, and the patient was administered oral analgesics and placed off work times 2 days. The provider documented that the patient, since the date of injury, has been utilizing chiropractic treatment. The provider documented the patient reported frequent cervical spine and low back pain. The provider documented, upon physical exam of the patient's lumbar spine, range of motion was as follows: flexion was 50 degrees, extension 15 degrees, bilateral/lateral bending at 15 degrees. The patient's range of motion values at the cervical spine was 40 degrees flexion, 50 degrees extension, 35 degrees bilateral/lateral flexion, and 70 degrees of bilateral rotation. The provider documented a request for the patient to undergo imaging of the cervical and lumbar spine, and to continue chiropractic care.

IMR ISSUES, DECISIONS AND RATIONALES

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

The request for 18 sessions of chiropractic care: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58.

Decision rationale: The current request is not supported. California MTUS indicates, with evidence of objective functional improvement, a total of up to 18 visits over 6 to 8 weeks is supported. The provider documents the patient has been utilizing chiropractic treatment since status post her work related injury sustained in 05/2013. The provider documents the patient reports positive efficacy of treatment. However, there was a lack of chiropractic clinical notes evidencing quantifiable objective functional improvements with chiropractic treatment. In addition, it is unclear how many sessions of chiropractic manipulation the patient has utilized. Given all the above, the request for 18 sessions of chiropractic care is not medically necessary or appropriate.

ortho consult: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 288.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92.

Decision rationale: The request is not supported. The clinical documentation submitted for review fails to evidence the patient has utilized lower levels of conservative treatment to include active physical therapy interventions, and the patient's medication regimen was not reported. The clinical notes failed to document that the patient has not progressed with lower levels of conservative treatment prior to the current request. In addition, the clinical notes did not evidence the patient presented with any motor, neurological, or sensory deficits to support an Ortho consult. California MTUS/ACOEM indicates a referral may be appropriate if the practitioner is uncomfortable with the line of inquiry with the treating of a particular case of delayed recovery, or has difficulty obtaining information or agreement to a treatment plan, However, given the above, the request for an Ortho consult is not medically necessary or appropriate.

MRI of 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.

Decision rationale: The request is not supported. The clinical documentation submitted for review fails to evidence the patient has utilized lower levels of conservative treatment to include active physical therapy interventions, the patient's medication regimen was not reported. The clinical notes failed to document that the patient has not progressed with lower levels of

conservative treatment prior to the current request. In addition, the clinical notes did not evidence the patient presented with any motor, neurological, or sensory deficits to support an MRI of the lumbar spine. California MTUS/ACOEM indicate when the neurological examination is less clear, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. Given the above, the request for an MRI of the lumbar spine is not medically necessary or appropriate.