

Case Number:	CM13-0039892		
Date Assigned:	12/20/2013	Date of Injury:	06/28/2002
Decision Date:	03/12/2014	UR Denial Date:	09/30/2013
Priority:	Standard	Application Received:	10/09/2013

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, has a subspecialty in Pain Management and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working least at 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:

This is a 48 year-old male police officer who was injured on 6/28/2002 as he was getting out of his vehicle and misjudged the ground and twisted his back. He is also reported to have a separate ankle injury, and will likely need surgery for this in the future. It does cause additional problems for his lower back, and he had frequent flare-ups of back pain and spasms, weekly to monthly. According to the 9/16/13 medical report, his diagnosis is a lumbar sprain. The physician is requesting PT, chiropractic care, and flex/extension lumbar films.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy one to two times a week for six sessions to the low back: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 303. Decision based on Non-MTUS Citation ODG Low Back, MTUS Section 9792.20

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): s 98-99.

Decision rationale: The patient presents with a flare-up of low back pain and spasms with radiation to the right buttock and thighs. It is worse with prolonged sitting, standing, and walking. The patient works full time as a police officer. The prior PT progress notes and prior PT history are not available for this IMR. The 9/16/13 report from [REDACTED] documents

tenderness at the lumbosacral region on the right, increasing with flexion and extension with twist. Strength testing was intact, but with some pain guarding with strength testing of the right thigh flexors and knee flexors. MTUS recommends up to 8-10 sessions of PT for various and unspecified myalgias and neuralgias. There is no recent history of prior PT. Based on the available information, the request for PT x6 sessions appears to be in accordance with MTUS guidelines.

Lumbar spine x-rays F/E: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 303, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ODG Low Back, MTUS Section 9792.20

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

Decision rationale: I have reviewed the 10/9/13 appeal from [REDACTED], for PT, chiropractic, lumbar x-rays, lumbar MRI. On 10/9/13 the patient presented with right-side lumbosacral pain with distal radiation and increased pain with prolonged sitting, gradually worsening. There was no rationale for the flexion/extension radiographs on the 10/9/13 appeal, but there was a note to "see previous extensive report". The prior report, available for this IMR, is dated 9/16/13, which also does not provide a rationale for lumbar flexion/extension radiographs. The only other reports available for review are from the chiropractor, [REDACTED]. There are no reports that suggest the patient may have lumbar instability, no discussion of prior radiographs or MRIs, no history of spondylolisthesis, or trauma. MTUS/ACOEM discuss standard lumbar x-rays, but do not address flexion/extension studies. ODG guidelines were consulted. ODG states flexion/extension imaging is: "Not recommended as primary criteria for range of motion" and "For spinal instability, may be a criteria prior to fusion, for example in evaluating symptomatic spondylolisthesis when there is consideration for surgery." There is no rationale provided, and no evidence that the patient is suspected of having instability. The request for lumbar flexion/extension x-rays is not in accordance with ODG guidelines.

Chiro two to three times a month for three months: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 303, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ODG Low Back, MTUS Section 9792.20

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

Decision rationale: There were three chiropractic reports from [REDACTED] available for this IMR. The 7/20/12 report noted 6/10 back pain and 5 visits were requested; the 10/26/12 report indicates 7/10 back pain and 6 visits were requested; and the 1/18/13 report documents 7-8/10 pain and again 6 sessions were requested. MTUS allows for up to 18 sessions of chiropractic

care, if there is objective functional improvement. The chiropractic reports do not discuss efficacy, in terms of pain relief, improved function or quality of life. Taken at face-value, it appears that despite 17 sessions of chiropractic care, the patient's pain level's worsened from 6/10 to 8/10. There is no discussion of treatment success. MTUS states for "Recurrences/flare-ups - Need to re-evaluate treatment success, if RTW achieved then 1-2 visits every 4-6 months." The patient has RTW, but there is no discussion of treatment success and the request for chiropractic care 2-3x/month for 3 months will exceed the MTUS recommendations of 1-2 visits every 4-6 months. The request is not in accordance with MTUS guidelines.

MRI lumbar spine:

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): s 303-305, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ODG Low Back, MTUS Section 9792.20

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): s 303-305.

Decision rationale: There is no rationale provided for the lumbar MRI other than a routine study. MTUS/ACOEM states: "Unequivocal 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 who would consider surgery an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study" There are no reported objective findings of specific nerve compromise, and while the patient did not appear to benefit from chiropractic care, it is unknown if he will benefit from the PT that was recommended at the same time the MRI was requested. The request is not in accordance with the MTUS/ACOEM guidelines.