

Case Number:	CM13-0051445		
Date Assigned:	12/27/2013	Date of Injury:	08/30/2011
Decision Date:	05/22/2014	UR Denial Date:	11/13/2013
Priority:	Standard	Application Received:	11/14/2013

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 & Rehabilitation 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:

According to the records made available for review, this is a 33-year-old female with an 8/30/11 date of injury. At the time (10/1/13) of request for authorization for chiropractic once a week for four weeks for the neck and low back, MRI of the lumbar spine, and MRI of the cervical spine, there is documentation of subjective (neck pain radiating into both shoulder blades with numbness and tingling and limited motion, and low back pain radiating down both lower extremities with limited motion) and objective (tenderness to palpation over the base of the occiput, trapezius, and cervical spine at C5-C7, and decreased cervical range of motion; tenderness palpation over the lumbar spine at L4-5 and decreased lumbar range of motion) findings, imaging findings (X-rays of the lumbar and cervical spine (6/25/13) report revealed normal findings), current diagnoses (cervical spine sprain/strain and lumbar spine sprain/strain), and treatment to date (at least 30 chiropractic visits with great beneficial results, activity modification, and medication).

IMR ISSUES, DECISIONS AND RATIONALES

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

CHIROPRACTIC ONCE A WEEK FOR FOUR WEEKS FOR THE NECK AND LOW BACK: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MANUAL THERAPY AND MANIPULATION Page(s): 58.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies that manual therapy/manipulation is recommended for chronic pain if caused by musculoskeletal conditions, and that the intended goal or effect of manual medicine is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. MTUS additionally supports a total of up to 18 visits over 6-8 weeks. MTUS identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of cervical spine sprain/strain and lumbar spine sprain/strain. However, there is documentation of at least 30 previous chiropractic treatments, which exceeds guidelines. In addition, despite documentation of great beneficial results with previous chiropractic treatments, there is no (clear) documentation of positive symptomatic or objective measurable gains in functional improvement with previous treatment. Furthermore, there is no documentation of a rationale that would justify exceeding guidelines. Therefore, based on guidelines and a review of the evidence, the request for chiropractic care is not medically necessary.

MRI OF THE LUMBAR SPINE: Upheld

Claims Administrator 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.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304.

Decision rationale: MTUS reference to ACOEM guidelines identifies documentation of red flag diagnoses where plain film radiographs are negative; objective findings that identify specific nerve compromise on the neurologic examination, failure of conservative treatment, and who are considered for surgery, as criteria necessary to support the medical necessity of MRI. Within the medical information available for review, there is documentation of a diagnosis of lumbar spine sprain/strain. In addition, there is documentation of negative plain film radiographs, subjective findings (low back pain radiating down both lower extremities with limited motion), and failure of conservative treatment. However, given documentation of a diagnosis of lumbar spine sprain/strain and objective findings (tenderness palpation over the lumbar spine at L4-5 and decreased lumbar range of motion), there is no documentation of red flag diagnoses and objective findings that identify specific nerve compromise on the neurologic examination. Therefore, based on guidelines and a review of the evidence, the request for MRI of the lumbar spine is not medically necessary.

MRI OF THE CERVICAL SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179-183.

Decision rationale: MTUS reference to ACOEM Guidelines identifies documentation of red flag diagnoses where plain film radiographs are negative, physiologic evidence (in the form of definitive neurologic findings on physical examination, electrodiagnostic studies, laboratory tests, or bone scans) of tissue insult or neurologic dysfunction, failure of conservative treatment; or diagnosis of nerve root compromise, based on clear history and physical examination findings, in preparation for invasive procedure; as criteria necessary to support the medical necessity of an MRI. Within the medical information available for review, there is documentation of a diagnosis of cervical spine sprain/strain. In addition, there is documentation of negative plain film radiographs, subjective findings (neck pain radiating into both shoulder blades with numbness and tingling and limited motion), and failure of conservative treatment. However, given documentation of a diagnosis of cervical spine sprain/strain and objective findings (tenderness to palpation over the base of the occiput, trapezius, and cervical spine at C5-C7, and decreased cervical range of motion), there is no documentation of physiologic evidence (in the form of definitive neurologic findings on physical examination) of tissue insult or neurologic dysfunction. Therefore, based on guidelines and a review of the evidence, the request for MRI of the cervical spine is not medically necessary.