

<b>Case Number:</b>	CM13-0052937		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	07/17/2013
<b>Decision Date:</b>	04/03/2014	<b>UR Denial Date:</b>	10/28/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/18/2013

### 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 Internal Medicine has a subspecialty in Pulmonary Diseases 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 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 reported an injury on 07/17/2013 after she was involved in a motor vehicle accident and taken to the emergency room via ambulance. According to the documentation, the patient was evaluated on 09/12/2013 and had been noted to have not previously been treated with physical therapy, chiropractic treatments, or acupuncture. The patient had complaints of right upper back pain with occasional headaches and mild chest pain as well as left knee pain. On 10/18/2013, the patient underwent an MRI of the cervical spine, the thoracic spine and the lumbar spine. Findings on the cervical spine MRI noted the patient had degenerative disc disease and facet arthropathy with reversal of the normal cervical lordosis and retrolisthesis of the C3 through C7 levels. The patient also had mild canal stenosis including the C3-4 mild to moderate; C4-5 mild; C5-6 mild; and C6-7 mild canal stenosis. She also had neural foraminal narrowing including the C5-6 and C6-7 moderate right neural foraminal narrowing. On the thoracic MRI, the patient was noted to have degenerative disc disease without spondylolisthesis, compression deformity, canal stenosis or neural foraminal narrowing. On her MRI of the lumbar spine, it was noted that the patient had dextroscoliosis with degenerative disc disease and facet arthropathy with a grade I anterolisthesis at the L3-4, L4-5 and L5-S1 levels. The patient also had canal stenosis including the L3-4 mild, L4-5 mild to moderate canal stenosis. Lastly, she had neural foraminal narrowing including the L3-4 mild to moderate bilateral; L4-5 mild to moderate left; and L5-S1 mild left neural foraminal narrowing. The patient was seen for a followup on 10/30/2013 regarding her left knee and right shoulder pain. However, there is no mention of having any spinal issues at that time.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Magnetic Resonance Imaging (MRI) C spine: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 172,182.

**Decision rationale:** According to California MTUS/ACOEM, if the patient does not have red flags or serious conditions, the clinician can determine which common musculoskeletal disorder is present. It further states that MRIs are recommended for acute neck and upper back conditions when red flags for fracture or neurologic deficit associated with acute trauma, tumor or infection are suspected. They can be recommended to validate diagnosis of nerve root compromise based on clear history and physical examination findings in preparation for invasive procedure. In the case of this patient, because she had recently undergone an MRI of the cervical spine and has not had any recent excessive change in her pathology, a repeat MRI of the cervical spine is not considered medically necessary at this time. Furthermore, the patient has not undergone any type of conservative therapy with the exception of a home exercise program. Therefore, in regard to the requested service, the MRI of the cervical spine is not considered medically necessary at this time and is non-certified.

**Magnetic Resonance Imaging (MRI) T spine:**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 172,182.

**Decision rationale:** According to California MTUS/ACOEM, if the patient does not have red flags for serious conditions, the clinician can determine which common musculoskeletal disorder is present. It further states that MRIs are recommended for acute neck and upper back conditions when red flags for fracture or neurologic deficit associated with acute trauma, tumor or infection are suspected. They can be recommended to validate diagnosis of nerve root compromise based on clear history and physical examination findings in preparation for invasive procedure. In the case of this patient, because she had recently undergone an MRI of the thoracic spine in 10/2013, and has not had any recent significant change in her pathology, a repeat MRI of the thoracic spine is not considered medically necessary at this time. Furthermore, the patient has not undergone any type of conservative therapy with the exception of a home exercise program. As such, it is non-certified.

**Magnetic Resonance Imaging (MRI) LS spine: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 296-297,303-305.

**Decision rationale:** Under ACOEM Guidelines, it states that if the patient does not have red flags for serious conditions, the clinician can then determine which musculoskeletal disorder is present. It further states that if physiologic evidence indicates tissue insult or nerve impairment, the practitioner can discuss with a consultant the selection of an imaging test to define a potential cause (such as magnetic resonance imaging), for neuro or other soft tissue, or computed tomography (CT) for bony structures. In the case of this patient, she recently underwent an MRI of the lumbar spine in 10/2013. The documentation does not indicate the patient has any significant changes in her pathology to warrant a repeat MRI at this time. As such, the patient does not meet guideline criteria for an MRI of the lumbar spine and the request is therefore non-certified.

**Chiropractic x 8 visits:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58-60.

**Decision rationale:** Under California MTUS Guidelines, manual therapy and manipulation is recommended for chronic pain if caused by musculoskeletal conditions. In the case of this patient, with her ongoing complaints of chronic pain in regards to her injury sustained in the motor vehicle accident, chiropractic treatments may be considered an option in her conservative treatment plan. However, the physician has requested 8 sessions of chiropractic treatments. Under California MTUS Guidelines, treatments are recommended at a trial of 6 visits over 2 weeks. Once evidence of objective functional improvements have been documented, additional sessions may be requested at that time. However, with the request exceeding maximum allowance per California MTUS Guidelines for initial chiropractic treatments, the request cannot be certified at this time.

**8 Acupuncture Visits:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**Decision rationale:** According to the California MTUS Acupuncture Guidelines, acupuncture is used as an option when pain medication is reduced or not tolerated and it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. In

the case of this patient, acupuncture may be considered an appropriate treatment to aid in reducing her overall pain sustain from the motor vehicle accident. However, the physician has failed to recommend this treatment an adjunct to a physical therapy based program. Furthermore, the request is for 8 sessions of acupuncture treatments. Under the guidelines, it is recommended for patients to undergo 3 to 6 treatments to produce functional improvement. Afterwards with documentation of improved function, the patient may then request additional therapy at that time. However, the patient does not meet guideline criteria for acupuncture at this time and therefore the request is non-certified.