MAXIMUS Federal Services

Case Number:	CM13-0052950		
Date Assigned:	01/15/2014	Date of Injury:	11/14/2011
Decision Date:	06/10/2014	UR Denial Date:	11/05/2013
Priority:	Standard	Application Received:	11/18/2013

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:

This is a 46-year-old male who has reported back pain after he fell on 11/14/11. At his initial evaluation on 11/26/11 he reported that he had no pain and was seen for recordkeeping purposes only. The initial injury event was relatively minimal and involved no major trauma. There is a long gap in the records after this evaluation. On 7/24/13 the injured worker was seen for an initial visit by a chiropractor for symptoms which included the back, head, eyes, and lower extremities. There were no signs of specific or significant pathology. The treatment plan included radiographs of the neck and back, and a trial of chiropractic care. On 9/30/13 the DC noted ongoing multifocal pain, and no signs of objective pathology. The treatment plan included MRIs of the neck and back, additional chiropractic care, and a neurology consultation. On 10/30/13 the treating DC noted ongoing multifocal pain with no objective evidence of significant pathology. The treatment plan was the same with the addition of a pain management consultation for medication management. On 11/5/13 Utilization Review non-certified radiographs of the neck and back, partially certified physician consultation for medication evaluation, and certified 6 visits of chiropractic treatment. The ACOEM Guidelines were cited in support of the decision. The radiographs were not medically necessary based on the lack of the necessary period of conservative care prior to performing testing. The partial certification for the consultation did not appear substantially different from what was requested in the original request.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE X-RAY OF THE CERVICAL SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

Decision rationale: The ACOEM Guidelines page 177-178 recommends imaging if there is no improvement after 3-4 weeks of conservative care. Other criteria for ordering imaging studies include specific signs of significant pathology and need for an invasive procedure. The medical records do not provide evidence of a period of specific conservative care of the kind discussed in the MTUS prior to the recommendation for radiographs on 7/24/13. The clinical evaluation on 7/24/13 did not reveal evidence of significant pathology or a need for invasive procedures. The initial report from shortly after the injury was of a minimal trauma with no ongoing symptoms or signs. The radiographs of the cervical spine are not medically necessary based on the recommendations of the MTUS.

ONE X-RAY OF THE THORACIC SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 182.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

Decision rationale: The ACOEM Guidelines page 177-178 recommends imaging if there is no improvement after 3-4 weeks of conservative care. Other criteria for ordering imaging studies include specific signs of significant pathology and need for an invasive procedure. The medical records do not provide evidence of a period of specific conservative care of the kind discussed in the MTUS prior to the recommendation for radiographs on 7/24/13. The clinical evaluation on 7/24/13 did not reveal evidence of significant pathology or a need for invasive procedures. The initial report from shortly after the injury was of a minimal trauma with no ongoing symptoms or signs. The radiographs of the thoracic spine are not medically necessary based on the recommendations of the MTUS.

ONE X-RAY OF THE LUMBAR SPINE: Overturned

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 MTUS cited recommends radiographic studies after an initial period of conservative care, when there are signs of significant pathology, or they "may be appropriate when the physician believes it would aid in patient management". At the time that the

radiographs were prescribed, the injured worker had not had any documented conservative care of the kind described in the MTUS. The treating chiropractor did not describe a course of specific conservative care that had failed, and the treatment plan did not include any discussion of how the radiographs would aid in patient management. The MTUS specifically states that lumbar spine x-rays should not be recommended in patients with low back pain in the absence of red flags for serious pathology, even if pain persists for at least six weeks. Given the lack of evidence for serious pathology, an initial trauma that was not severe, the acute lack of symptoms or signs of significant pathology, and the MTUS recommendations, the lumbar radiographs are not medically necessary.

ONE PHYSICIAN CONSULTATION FOR MEDICATIONS: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pharacotherapy Page(s): 7.

Decision rationale: This injured worker is still reporting pain long after the usual healing time and would be classified as having chronic pain. Per the MTUS cited above, chronic pain section, medications may play a role in treating chronic pain. The treating physician is a chiropractor and not able to provide medications. Per the MTUS, medications are an option for treating this injured worker's chronic pain so a referral to a medical doctor for an evaluation for possible medications is medically necessary. The Utilization Review physician also certified this referral, making the Independent Medical Review decision in general agreement with the Utilization Review decision.