

Case Number:	CM14-0005134		
Date Assigned:	02/05/2014	Date of Injury:	09/12/2010
Decision Date:	06/20/2014	UR Denial Date:	01/07/2014
Priority:	Standard	Application Received:	01/14/2014

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 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:

The injured worker is a 47-year-old female who reported an injury after falling on 09/12/2010. The clinical note dated 12/30/2013 indicated the diagnoses of left sided disc herniation at L5-S1 with stenosis, lumbar radiculopathy, right shoulder subacromial impingement, bilateral median neuropathy, and possible ulcer. The injured worker reported low back pain and numbness rated at 7-8/10 which radiated down both legs to her feet into her toes. The injured worker reported the pain to the left side was greater than the right. The injured worker reported medications reduced her pain by 50% temporarily and allowed her to increase her walking distance by 20 minutes. On physical exam, there was tenderness to palpation of the lumbar spine with spasms. The injured worker had left-sided sciatic notch tenderness greater than right-sided. The range of motion to the thoracic and lumbar spines were decreased in all planes and limited by pain. The injured worker had 4/5 strength to the tibialis anterior and extensor hallucis longus bilaterally and 4+/5 strength inversion, eversion and plantarflexors. The straight leg raise was positive bilaterally at 30 degrees causing pain. The official MRI (magnetic resonance imaging) dated 10/18/2013 revealed degenerative disc disease and facet arthropathy with retrolisthesis at L5-S1, neural foraminal narrowing including L4-5 mild to moderate left; L5-S1 caudal left neural foraminal narrowing, and at L5-S1 there was a left paracentral protrusion and annular fissure narrowing the left lateral recess, contacting the left S1 nerve root. The injured worker reported she continued with chiropractic care. The injured worker's medication regimen included Norco, Terocin patches, and Pamelor. The request for authorization was submitted on 10/10/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

UPDATED MRI LUMBAR: 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): 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back, MRIs (magnetic resonance imaging).

Decision rationale: The California MTUS/ACOEM Guidelines state 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. Indiscriminant imaging will result in false positive findings, such as disk bulges, that are not the source of painful symptoms and do not warrant surgery. 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. The Official Disability Guidelines (ODG) further state repeat MRI (magnetic resonance imaging) is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (e.g., tumor, infection, fracture, neurocompression, recurrent disc herniation). There is evidence of a prior MRI on 10/18/2013. There was a lack of documentation indicating the injured workers response to continued conservative therapies such as physical therapy or medications. In addition, there was a lack of documentation of significant findings indicative of radiculopathy upon physical examination. Additionally, it did not appear the injured worker had a significant change in symptoms and/or findings suggestive of significant pathology. Therefore, based on the documentation provided, the request is non-certified.

CHIRO TIMES EIGHT (8) VISITS FOR THE BACK: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Manipulation and Therapy Page(s): 58-60.

Decision rationale: The California MTUS guidelines recommend chiropractic care for chronic pain if caused by musculoskeletal conditions. The MTUS guidelines also recommend a trial of 6 visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks. The injured worker previously participated in chiropractic therapy; however, there is lack of evidence of the efficacy of the treatment. Furthermore, the request exceeds the total number of sessions allowed in the trial phase of therapy. In addition, the injured worker's range of motion was not quantified to establish significant functional deficits to warrant therapy at this time. Therefore, based on the documentation provided, the request is non-certified.

