

<b>Case Number:</b>	CM14-0009649		
<b>Date Assigned:</b>	02/14/2014	<b>Date of Injury:</b>	05/09/2009
<b>Decision Date:</b>	07/03/2014	<b>UR Denial Date:</b>	12/24/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/23/2014

### 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 in Physical Medicine and Rehabilitation, has a subspecialty in Sports Medicine and is licensed to practice in Texas. 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 63-year-old male who reported an injury on 05/09/2009. The mechanism of injury was not provided in the clinical documentation submitted. Within the clinical note dated 10/02/2013, the injured worker complained of constant headaches, neck, back, shoulder, upper arm, leg, and knee pain. The injured worker described the pain as sharp, throbbing, numbing, tingling, and cramping in character. He rated the pain 8/10 while resting, and 10/10 with activity. He reported the pain was worse in the evening and with bending to the left and right, twisting to the left and right, standing, sitting, lifting, reaching, and walking. Upon physical examination of the lumbar spine, the provider noted tenderness with guarding and spasms in the paravertebral region bilaterally. There were trigger points noticeable in the lumbar paraspinal muscles bilaterally. Manual muscle testing revealed 4/5 strength with flexion, extension, and bilateral lateral bend. The provider noted range of motion was restricted due to pain and spasms. The injured worker had a diagnosis of lumbar myalgia, lumbar myospasm, and lumbar neuritis/radiculitis. Prior treatments included medication, and physical therapy which helped temporarily. The provider requested an MRI of the lumbar spine, as well as chiropractic visits 3 x4. However, the rationale was not provided for review within the documentation. Additionally, the request for authorization form was not provided in the clinical documentation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI LUMBAR SPINE:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter, indications for Imaging-Computed tomography.

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

**Decision rationale:** The request for an MRI of the lumbar spine is non-certified. The injured worker is a 63-year-old male who reported an injury on 05/09/2009. The mechanism of injury was not provided in the clinical documentation submitted. The injured worker complained of back, pain. The injured worker described the pain as sharp, throbbing, numbing, tingling, and cramping in character with spasms. He rated the pain 8/10 while resting, and 10/10 with activity. He reported the pain was worse in the evening and with bending to the left and right, twisting to the left and right, standing, sitting, lifting, reaching and walking. CA MTUS/ACOEM states, clinical objective findings that identify specific nerve compromise on the neurological exam are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery as an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. Indiscriminate imaging will result in false positive findings, such as disc bulges that are not the source of painful symptoms and do not warrant surgery. Imaging studies should be reserved for cases in which surgery is considered or red flag diagnoses are being evaluated. The provider noted the neurological examination was within normal limits. There is a lack of documentation indicating neurologic deficits such as weakness, numbness, pain, or paralysis to warrant further evaluation with imaging. There is a lack of documentation regarding the failure of conservative treatment. In addition, there is no indication of red flag diagnoses or the intent to undergo surgery requiring an MRI. The rationale for the request was not provided. The medical necessity for imaging was not established. Therefore, the request for an MRI of the lumbar spine is non-certified.

**CHIRO THREE (3) TIMES FOUR (4):** 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 & manipulation Page(s): 58-59.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines recommend manual therapy for chronic pain if caused by musculoskeletal conditions. The intended goal of manual therapy 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. The guidelines recommend a trial of 6 visits over 2 weeks, and with evidence of objective functional improvement, a total of up to 18 visits over 6 to 8 weeks. There is a lack of documentation indicating the injured worker had significant objective functional improvement with prior therapy. There is a lack of documentation regarding a complete physical exam to evaluate for decreased functional ability, decreased range of motion, and decreased

strength and flexibility. The amount of chiropractic visits the injured worker previously completed was not provided in the documentation submitted. The request for 12 visits of chiropractic care exceeds the guideline recommendations of 6 visits over 12 weeks. In addition, the submitted request does not specify the site of treatment. Therefore, the request for chiropractic, 3 times 4, is not medically necessary.