

Case Number:	CM14-0109134		
Date Assigned:	08/01/2014	Date of Injury:	05/12/2014
Decision Date:	10/13/2014	UR Denial Date:	06/17/2014
Priority:	Standard	Application Received:	07/14/2014

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 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:

The injured worker is a 38 year-old male who sustained work-related injuries on May 12, 2014. The mechanism of injury was trip and fall. Per the May 12, 2014 medical records, the injured worker presented complaints of mid back and low back pain. He reported that symptoms came immediately and was progressively getting worse. The intensity of pain was severe which prohibits activity. The pain was continuous or occurs at 50-100% of the time. He rated his pain as 10/10 with associated complaints of sharp, aching, spasmodic, and throbbing sensation which was located bilaterally. It was aggravated in the morning and afternoon. Activities involving bending forward and back and to the left and to the right, twisting to the left and to the right, straining, standing, lifting, sitting and lying down aggravated his pain. A lumbar spine examination noted tenderness and muscle tension on both sides of the L3-S1. Muscle hypertonicity was present on both sides of the paraspinals. Spasms were noted as well. The range of motion was limited in all planes with pain. Seated straight leg raising test was positive bilaterally with low back pain during seated leg extension. A Kemp's test and Lasegue's test were positive. A thoracic spine examination noted tenderness on both side of the thoracic spine T6-T12. Muscle hypertonicity was also noted on both sides of the lumbar paraspinals. Muscle spasm was noted as well. His range of motion was moderately reduced with pain. Sensation was decreased on the left with pinwheel testing of the S1 dermatome. A magnetic resonance imaging (MRI) scan of the lumbar spine without contrast performed on July 11, 2014 revealed (a) at L5-S1, annular tear was seen. Shallow central herniation is in contact with ventral thecal sac. Canal and foramina are present. Hypertrophic facet disease was present, (b) at L4-5, broad-based herniated disc was seen in the superimposed bulge. There is mild to moderate bilateral foraminal stenosis. Canal is borderline stenotic. Hypertrophic facet disease contributes, and (c) at L3-L4, disc bulge was seen. There is superimposed left paracentral herniated disc with mild left

foraminal stenosis. The canal is patent and hypertrophic facet disease contributes. The most recent medical records dated July 23, 2014 documents that the injured worker reported improvement of symptoms. However, he stated that he still felt the same and does everything with pain. Coughing, laughing, and sneezing made his pain worse. He however reported he can drive but has to keep moving. Load shifting, he can lift his son (weight about 25 pounds) but after 20-30 minutes he has to lean on the stroller and get help. He also does grocery shopping at times but has to lean on the shopping cart and avoided heaving lifting. He can stand and walk up to 20 minutes. He rated his mid back and low back pain at 7/10. Objectively, moderate myospasms of the lumbar spine, quadratus lumborum, and rhomboids were noted. Myospasms of the thoracic spine, positive Kemp's test and positive facet loading at T6-T8, T8-T10 were noted. Tenderness was noted on the thoracic and lumbar spine. His range of motion was slightly improved in the thoracic and lumbar spine but was worse in flexion. A positive Ortho test and positive Soto Hall with pain was noted at T6-T12 and Milgram's test with pain at L5-S1. Hip flexion and extension was weak and was Grade 4/5. He was diagnosed with (a) displacement of lumbar intervertebral disc without myelopathy, (b) spasm of muscle, lumbar, and thoracic, (c) numbness and tingling at the right leg, (d) degeneration of the lumbar or lumbosacral intervertebral disc, and (e) thoracic or lumbosacral neuritis or radiculitis, thoracic and lumbar.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiro/PT sessions x 8: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58.

Decision rationale: Evidence-based guidelines indicate that only a trial of six chiropractic/physical therapy sessions are warranted and additional sessions can be provided if there is evidence of functional improvement. Based on the provided records, only six chiropractic sessions were authorized and most recent records dated July 23, 2014 documents he reported some improvements with pain level rated at 7/10 and he has been able to perform some activities of daily living but still with restriction. However, the injured worker stated that he still feels the same and does everything with pain and the pain was still frequent and remains unchanged since last visit. Based on the provided information, the provided trial of six chiropractic sessions did not produced significant effects in terms of functional improvement and change in pain. Therefore, the medical necessity of the requested chiro/ physical therapy (PT) sessions x8 is not established.

Lumbar MRI: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Non-MTUS Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation Non-MTUS Official Disability Guidelines (ODG), Low Back, MRIs.

Decision rationale: Evidence-based guidelines indicate that for uncomplicated low back pain with radiculopathy after at least one month of conservative therapy, sooner if severe or progressive neurologic deficit warrants magnetic resonance imaging (MRI) scan of the lumbar spine. In this case, the injured worker does show that he has symptoms that is suggestive of radiculopathy and has been treated with a trial of six chiropractic sessions as per most recent records dated July 23, 2014. This information satisfies the indicator for a magnetic resonance imaging (MRI) scan of the lumbar spine thus the requested lumbar magnetic resonance imaging (MRI) scan is considered to be medically necessary. The reviewing physician indicated that as per guidelines, a magnetic resonance imaging (MRI) scan of the lumbar spine is recommended for acute and subacute red flag conditions, when caudal equina, tumor, infection, or fractures are strongly suspected and plain films are negative. Additionally, the injured worker has not yet received an initial clinical trial of conservative therapy.

Thoracic X- Rays: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Non-MTUS Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

Decision rationale: Evidence-based guidelines indicate that radiographs are needed when red flags for fracture or neurologic deficit associated with acute trauma, tumor or infection are present. However, a review of this injured worker's records does not indicate the presence of any red flags. Therefore, the requested thoracic X-rays are considered not medically necessary.

Orthopedic Evaluation: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Non-MTUS Official Disability Guidelines (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7 Independence Medical Examination and Consultations: Consultations, pages 150 -164.

Decision rationale: According to evidence-based guidelines, a consultation may be done in order to aid in diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. In this case, records indicate that this injured worker has gone through conservative treatments (e.g. chiropractic treatment) and he reported some improvements secondary to said treatment modality. However, he continued to experience the same pain which he reported as the frequent and remained unchanged. Due to persistent pain in the affected body parts, the requested orthopedic evaluation which will serve as a consultation is considered to be medically necessary. The previous denial states that the injured worker has not had an initial clinical trial of chiropractic treatment and the referral is not immediately necessary. There are no red flags to support an immediate referral at this time and thus determined to be not necessary, according to the previous denial. The request for Orthopedic Evaluation is medically necessary and appropriate.