

Case Number:	CM14-0018040		
Date Assigned:	05/05/2014	Date of Injury:	10/08/2013
Decision Date:	07/09/2014	UR Denial Date:	02/10/2014
Priority:	Standard	Application Received:	02/12/2014

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 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 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 injured worker is a 29-year-old male who reported an injury on 10/08/2013. The mechanism of injury was reported as an altercation with a shoplifter. The diagnosis included right lower lumbosacral muscle sprain/strain. According to the 12/19/2013 progress note, the injured worker reported low back pain in the right lower lumbar spine and sacral base area. Examination of the lumbar spine noted tenderness to palpation, spasm, 90% range of motion on extension, and 85% on side bending and rotation of the trunk. Sensation was noted to be grossly intact in both lower extremities. It was noted the injured worker completed 10 sessions of physical therapy and 5 sessions of chiropractic care. The provider recommended additional chiropractic care and an MRI of the lumbar spine for persistent pain and difficulty with ADLs despite significant conservative care. The Request for Authorization form was not present in the medical record.

IMR ISSUES, DECISIONS AND RATIONALES

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

CHIROPRACTIC VISITS, 2 TIMES A WEEK FOR 3 WEEKS FOR THE LOW BACK:

Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MANUAL THERAPY & MANIPULATION.

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

Decision rationale: The request for chiropractic visits, 2 times a week for 3 weeks for the low back is not medically necessary. The California MTUS Guidelines recommend manual therapy for the low back as an option with a trial of 6 visits over 2 weeks. Up to 18 visits over 6 to 8 weeks may be recommended with evidence of objective functional improvement. The medical records provided indicate the injured worker completed 10 visits of physical therapy and 5 visits of chiropractic care. There is a lack of documentation regarding functional deficits that would require additional therapy. There is no indication the injured worker's home exercise program has been ineffective. As such, the request is not medically necessary.

MAGNETIC RESONANCE IMAGING WITHOUT CONTRAST OF THE LOW BACK:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-303.

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

Decision rationale: The request for magnetic resonance imaging without contrast of the low back is not medically necessary. The ACOEM indicates that 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. There is no indication that surgery has been discussed. There is a lack of documentation regarding objective findings that identify specific nerve compromise that would warrant imaging. The medical necessity for an MRI of the low back was not established. As such, the request is not medically necessary.