

Case Number:	CM14-0111797		
Date Assigned:	08/01/2014	Date of Injury:	03/04/2011
Decision Date:	09/25/2014	UR Denial Date:	06/20/2014
Priority:	Standard	Application Received:	07/17/2014

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 Anesthesiology, has a subspecialty in Pain Management 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 55-year-old male with a 3/4/2011 date of injury, when he falls from the roof approximately 10 feet. The patient was diagnosed with L1-2 vertebral body endplate compression fractures and a displaced left distal radius fracture. 6/20/14 determination was modified. Regarding the MRI, it was non-certified given that the previous MRI was not submitted for review and there was insufficient evidence of significant progression of neurological symptoms to warrant the request. Regarding the x-rays, the previous imaging studies performed were unknown, and the injury was more than 3 years old. Regarding chiropractic manipulation, an initial 6 sessions were certified. 6/13/14 medical report identified low back pain extending down the left leg. The patient was concerned regarding pain and function. Exam revealed tenderness over the L4 level. SLR caused pain, left-sided over the posterior knee. It was noted that the request is for an updated MRI and flexion/extension views to rule out instability. There was also a recommendation for a trial of chiropractic care. The provider states that prior treatment has included physical therapy, medication management, and spinal injections, which did not help.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation ODG-TWC (Official

Disability Guidelines- Treatment in Workers' Compensation), Low Back Procedure Summary (updated 5/12/14): Indications for magnetic resonance imaging.

MAXIMUS guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter ODG states that MRI is indicated in: Thoracic spine trauma: with neurological deficit; Lumbar spine trauma: trauma, neurological deficit; Lumbar spine trauma: seat belt (chance) fracture (If focal, radicular findings or other neurologic deficit); Uncomplicated low back pain, suspicion of cancer, infection; Uncomplicated low back pain, with radiculopathy, after at least 1 month conservative therapy, sooner if severe or progressive neurologic deficit. (For unequivocal evidence of radiculopathy, see AMA Guides, 5th Edition, page 382-383.) (Andersson, 2000); Uncomplicated low back pain, prior lumbar surgery; Uncomplicated low back pain, cauda equina syndrome; Myelopathy (neurological deficit related to the spinal cord), traumatic; Myelopathy, painful; Myelopathy, sudden onset; Myelopathy, stepwise progressive; Myelopathy, slowly progressive; Myelopathy, infectious disease patient; Myelopathy, oncology patient. (ODG, Low Back Chapter).

Decision rationale: CA MTUS supports imaging of the lumbar spine in patients with red flag diagnoses where plain film radiographs are negative; unequivocal objective findings that identify specific nerve compromise on the neurologic examination, failure to respond to treatment, and consideration for surgery. It was noted that the patient had a diagnosis of L1-2 compression fracture. The patient was recently seen with low back pain radiating the knee. However, it is not clear when the patient had the previous MRI or if the patient's symptoms have progressed since previous examination. In addition, the objective findings did not clearly delineate radiculopathy. In that context, the request for a lumbar MRI is not medically necessary and appropriate.

X-Rays of the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation ODG-TWC (Official Disability Guidelines- Treatment in Workers' Compensation), Low Back Procedure Summary (updated 5/12/14).

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) ODG (Low Back Chapter) Radiography (x-rays) Not recommend routine x-rays in the absence of red flags. (See indications list below.) Lumbar spine radiography should not be recommended in patients with low back pain in the absence of red flags for serious spinal pathology, even if the pain has persisted for at least 6 weeks. Indications for imaging -- Plain X-rays:- Thoracic spine trauma: severe trauma, pain, no neurological deficit- Thoracic spine trauma: with neurological deficit- Lumbar spine trauma (a serious bodily injury): pain, tenderness- Lumbar spine trauma: trauma, neurological deficit- Lumbar spine trauma: seat belt (chance) fracture- Uncomplicated low back pain, trauma, steroids, osteoporosis, over 70- Uncomplicated low back pain, suspicion of cancer, infection- Myelopathy (neurological deficit related to the spinal cord), traumatic- Myelopathy, painful- Myelopathy, sudden onset- Myelopathy, infectious disease patient- Myelopathy, oncology patient- Post-surgery: evaluate status of fusion.

Decision rationale: CA MTUS & ODG states that lumbar spine x rays should not be recommended in patients with low back pain in the absence of red flags for serious spinal pathology, even if the pain has persisted for at least six weeks. While the patient has pain clearly exceeding 6 weeks, it appears that the patient has not undergone recent conservative treatment and a concurrent request for chiropractic care was deemed medically necessary. It would be appropriate to await the result from such prior to proceeding to imaging studies. In addition, there was no indication of when the previous imaging studies were performed and there was also no suspicion of instability on exam to warrant flexion/extension views. The request for X-Rays of the lumbar spine is not medically necessary and appropriate.

Chiropractic visits 2x3 (2 times a week for 3 weeks) Qty: 6: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-299,Chronic Pain Treatment Guidelines Page(s): 58.

Decision rationale: CA MTUS states that manipulation appears safe and effective in the first few weeks of back pain without radiculopathy. In addition, a request to initiate treatment would make it reasonable to require documentation of objective functional deficits, and functional goals for an initial trial of 6 chiropractic/manipulation treatment. The patient was recently seen with low back pain with radiation. An initial trial of chiropractic manipulation was appropriately certified at the time of the previous determination. This trial would allow for delineation of functional improvement and updated goals for future sessions if necessary. The request for Chiropractic visits 2x3 (2 times a week for 3 weeks) Qty: 6 are medically necessary and appropriate.