

Case Number:	CM14-0112844		
Date Assigned:	08/01/2014	Date of Injury:	03/15/2011
Decision Date:	09/10/2014	UR Denial Date:	07/11/2014
Priority:	Standard	Application Received:	07/21/2014

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 Interventional Spine 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 patient is a 49-year-old female with a date of injury of 03/15/2011. The listed diagnoses per [REDACTED] are: 1. Lumbar sprain. 2. Sacroiliac sprain. According to progress report of 05/28/2014, the patient presents with low back pain and right buttock strain with possible piriformis versus sacroiliac strain. The patient reports she is getting worse and not better. She is gaining weight, increasing deconditioning, and increasing in pain. Treating physician would like patient to participate in additional 6 chiropractic treatments. She has a particular chiropractor that has been effective for her. "She is able to get part of her back loosened up." Examination revealed tenderness to the right buttock with increasing pain with hip internal rotation. She has some slight right groin pain as well. The low back has tenderness and increase in pain with extension. Forward flexion also increases back pain. Sitting straight leg raise gives her aching pain down the thigh, increasing with foot dorsiflexion. She has pain guarding versus weakness with the right thigh flexors, knee flexors, and extensors. Treating physician is requesting an MR Neurogram of the lumbar spine and pelvis to help confirm diagnosis. Treating physician also requests a CT scan of the lumbar spine and additional 6 chiropractic sessions for the hip and low back. Utilization review denied the request on 07/11/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 Sessions of Chiropractic Therapy to hip and 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 & manipulation Page(s): 58,59.

Decision rationale: This patient presents with low back pain and right buttock strain with possible piriformis versus sacroiliac strain. Treating physician notes the patient has a particular chiropractor that has been effective for her and is requesting additional 6 sessions. The medical file provided for review does not include chiropractic treatment reports. MTUS recommends an optional trial of 6 visits over 2 weeks with evidence of functional improvement, total of up to 18 visits over 6 to 8 weeks. In this case, it is unclear as to when and how many chiropractic treatments were received thus far. It is clear the patient has participated in prior treatment without documentation or discussion of functional improvement from these treatments. Labor Code 9792.20(e) defines functional improvement as significant improvement in ADLs, a reduction in work restrictions, and decreased dependence on medical treatment. Given the lack of documented functional improvement from prior chiropractic treatments, request is not medically necessary.

MR Neurogram to Lumbar: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines(ODG) Low Back- Lumbar & Thoracic.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) MR neurography.

Decision rationale: This patient presents with low back pain and right buttock strain with possible piriformis versus sacroiliac strain. The treating physician is requesting an MR Neurogram. There are no reports provided by [REDACTED]. The ACOEM and MTUS guidelines do not discuss MR Neurograms. ODG has the following under MR Neurography, "Under study. MR Neurography may be useful in isolating diagnoses that do not lend themselves to back surgery, such as sciatica caused by piriformis syndrome in the hip." In this case, ODG does not support MR Neurography and states it is still under study. Request is not medically necessary.

CT Scan of the Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Low Back- Lumbar & Thoracic; Chapter CT.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

Decision rationale: This patient presents with low back pain and right buttock strain with possible piriformis versus sacroiliac strain. The treating physician is requesting a CT of the lumbar spine stating, "██████████ had recommended surgery and has requested a CT scan to better delineate the anatomy." Utilization review denied the request for CT stating, "The records did not demonstrate that first-line imaging studies such as flexion/extension x-rays were taken." ACOEM guidelines page 309 states under CT, recommendation is made when caudal equine, tumor, infection, or fracture are strongly suspected and plain film radiographs are negative. ODG guidelines states CT scans are not recommended, except for trauma with neurological deficit. In addition, CT scans are indicated when tumor, infection or fracture are strongly suspected. There are no such concerns in this patient. Request is not medically necessary.