

Case Number:	CM14-0120067		
Date Assigned:	08/06/2014	Date of Injury:	10/09/2012
Decision Date:	10/03/2014	UR Denial Date:	07/02/2014
Priority:	Standard	Application Received:	07/29/2014

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 Occupational Medicine 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 31-year-old male with a 10/9/12 date of injury. The mechanism of injury was lifting a heavy box while at work. Progress noted from 2/19/14 stated that the patient had continuous lower back pain. An AME report from 7/19/13 stated the examination was within normal limits except for limited ROM (range of motion) and pain at the extremes throughout. The patient had tenderness over the low back area, right and left paraspinal musculature, over the greater sciatic notches and posterior thighs bilaterally. The Straight leg Raising test was positive. The neurological exam of the extremities was negative. Diagnostic impression: Sprain and Strain of Lumbosacrum, and Thoracic/Lumbosacral Neuritis/radiculitis Unspecified, Spasm of Muscle, Treatment to date: activity modification, physical therapy, chiropractic care, and medication management. A UR decision dated 7/2/14 denied the request for X-ray of Lumbar spine due to lack of sufficient evidence; there had not been a decline in the patient's physical condition prior to the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

X-ray of 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 Official Disability Guidelines

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

Decision rationale: "CA MTUS 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". However, this patient is noted to already have had a lumbar x-ray previously. The provided AME and progress reports did not document any significant changes in the patient's condition to warrant repeat imaging. Therefore, the request for X-ray of Lumbar Spine is not medically necessary.

Chiropractic Treatment Physiotherapy times 18 visits: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chiropractic Care Therapy Guidelines, Physical Therapy Page(s): 298-299, 98-99. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Pain, Suffering, and the Restoration of Function Chapter 6, pg 114

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. CA MTUS stresses the importance of a time-limited treatment plan with clearly defined functional goals, frequent assessment and modification of the treatment plan based upon the patient's progress in meeting those goals, and monitoring from the treating physician regarding progress and continued benefit of treatment is paramount. Physical Medicine Guidelines - Allow for fading of treatment frequency. However, it is noted that the patient has had both chiropractic care and physical therapy previously. There was no discussion in the medical records provided for review regarding the number of previous chiropractic and physical therapy treatments. There was no information provided regarding the results of the past treatments, and any functional improvement gained from the prior sessions. It is unclear if the patient was compliant with an independent home exercise program. Therefore, the request is not medically necessary.