

Case Number:	CM14-0126389		
Date Assigned:	08/13/2014	Date of Injury:	01/26/1999
Decision Date:	12/31/2014	UR Denial Date:	07/25/2014
Priority:	Standard	Application Received:	08/08/2014

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 Pain 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:

The injured worker is a 60 year-old male with an original date of injury on 1/26/1999. The industrially related diagnoses are left knee joint pain, right rotator cuff syndrome, and lower back pain. The injured worker has had bilateral shoulder surgeries of unclear kind. The disputed issues are chiropractic care twice a week for 6 weeks (total of 12 sessions), magnetic resonance imaging (MRI) of lumbar spine, and magnetic resonance imaging (MRI) of bilateral shoulders. A utilization review dated 7/25/2014 has non-certified these requests. With regards to chiropractic treatments, the injured worker has already received 12 chiropractic sessions. There are no chiropractic notes in the submitted documentation for review. Therefore, in the absence of documented subjective and objective improvement after the initial 12 sessions of chiropractic treatment, the guidelines do not support ongoing treatments. The stated rationale for denial of MRI of lumbar spine was there is no documentation of symptoms of radiculitis. In addition, the injured worker has not received conservative care and observation including physical therapy. The injured worker has full range of motion, negative straight leg raise, and no evidence of clinical radiculopathy on physical exam. Given the above findings, this request is not medically necessary. With regards to bilateral shoulder MRI, the injured worker has no evidence of documentation of any provocative tests, and the injured worker has not received any conservative treatment for his shoulder pain. Therefore, this request is not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Chiropractic Care (2 X 6): Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Occupational Medicine Practice- Manual Therapy and Manipulation P.

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

Decision rationale: The guidelines recommends for therapeutic care, a trial of 6 visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks. However, the MTUS further stipulates the following with regard to number of visits: "A recent comprehensive meta-analysis of all clinical trials of manipulation for low back conditions has concluded that there was good evidence for its use in chronic low back pain, while the evidence for use in radiculopathy was not as strong, but still positive. (Lawrence, 2008) A Delphi consensus study based on this meta-analysis has made some recommendations regarding chiropractic treatment frequency and duration for low back conditions. They recommend an initial trial of 6-12 visits over a 2-4 week period, and, at the midway point as well as at the end of the trial, there should be a formal assessment whether the treatment is continuing to produce satisfactory clinical gains. If the criteria to support continuing chiropractic care (substantive, measurable functional gains with remaining functional deficits) have been achieved, a follow-up course of treatment may be indicated consisting of another 4-12 visits over a 2-4 week period." The injured worker already has 12 sessions of total chiropractic treatments given in 5/2013. Given previous symptomatic and functional improvement, the request for an additional 12 sessions is medically necessary.

Magnetic Resonance Imaging (MRI) Bilateral Shoulders: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207- 209. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Chapter, Magnetic Resonance Imaging (MRI)

Decision rationale: Within the documentation available for review, a progress note on 7/15/2014, the injured worker showed decreased range of motion, and tenderness to palpation of the right shoulder region. The left shoulder exhibited decreased range of motion, crepitus, and decreased strength. It does not appear the injured worker has failed conservative treatment options such as physical therapy. Since injured worker's previous unidentified surgeries of bilateral shoulders, there are no documentations of what new symptoms have developed and how an MRI will change the injured worker's current treatment plan. Guidelines specifies imaging studies for physiologic evidence of tissue insult or neurovascular dysfunction, failure to progress in a strengthening program intended to avoid surgery, and clarification of the anatomy prior to an invasive procedure. ODG recommends MRI of the shoulder for subacute shoulder pain with suspicion of instability/labral tear or following acute shoulder trauma with suspicion of rotator

cuff tear/impingement with normal plain film radiographs. In the absence of clarity regarding those issues, the currently requested right shoulder MRI is not medically necessary.

Magnetic Resonance Imaging (MRI) Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304.

Decision rationale: Within the documentation available for review, a progress note dating on 7/15/2014 indicated a lumbar spine exam demonstrated tenderness to palpation, normal straight leg raise, normal sensation, normal reflexes, no weakness of bilateral lower extremities. There is no identification of any objective findings that identify specific nerve compromise on the neurologic exam. Additionally, there is no statement indicating what medical decision-making will be based upon the outcome of the currently requested MRI. ACOEM Practice Guidelines state 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 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. In the absence of such documentations, the currently requested lumbar MRI is not medically necessary.