

Case Number:	CM14-0129872		
Date Assigned:	08/20/2014	Date of Injury:	03/03/2011
Decision Date:	09/24/2014	UR Denial Date:	08/08/2014
Priority:	Standard	Application Received:	08/14/2014

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 Medicine and is licensed to practice in Florida. 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 51-year-old female who reported an injury on 03/03/2011. The mechanism of injury was not provided for clinical review. The diagnoses included carpal tunnel syndrome, GI upset, and osteoarthritis. The previous treatments included chiropractic sessions, medications, physical therapy, and surgery. Within the clinical note dated 09/08/2014, it was reported the injured worker complained of lumbar spine pain, left greater than right in the lower extremity. The injured worker complained of difficulty with sitting in a car prolonged, walking, and heavy lifting/carrying. Upon the physical examination, the provider noted the injured worker had decreased lordosis, a positive straight leg raise bilaterally. The provider noted the injured worker had tenderness to palpation of the bilateral paraspinal musculature and bilateral sacroiliac joints, left greater than right. The clinical documentation submitted is largely illegible. The request submitted is for chiropractic sessions for the lumbar spine and an MRI of the lumbar spine. However, a rationale was not provided for clinical review. The Request for Authorization was not provided for clinical review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic services 2 times a week for 3 weeks to the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation Page(s): 58, 59, 60.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation Page(s): 58.

Decision rationale: The request for Chiropractic Services 2 Times a Week for 3 Weeks to the Lumbar Spine is not medically necessary. The California MTUS Guidelines recommend manual therapy for chronic pain if caused by musculoskeletal conditions. The intended goal or effect of manual therapy is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. The guidelines recommend a trial of 6 visits over 2 weeks and, with evidence of objective functional improvement, a total of 18 visits over 6 to 8 weeks. There is a lack of documentation indicating the injured worker had significant objective functional improvement with prior therapy. The number of sessions the injured worker had undergone was not provided for clinical review. There is a lack of documentation regarding a complete physical examination to demonstrate the injured worker to have decreased functional ability or strength. Therefore, the request is not medically necessary.

MRI of the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back (updated 07/03/14) MRIs (Magnetic Resonance Imaging).

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

Decision rationale: The request for Magnetic Resonance Imaging (MRI) of the Lumbar Spine is not medically necessary. The California MTUS/ACOEM Guidelines state, clinical objective findings that identify specific nerve compromise on the neurological exam are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery as an option. When the neurological examination is less clear, further psychological evidence of nerve dysfunction should be obtained before ordering an imaging study. Indiscriminate imaging will result in a false bipositive finding, such as disc bulges that are not the source of painful symptoms and do not warrant surgery. Imaging studies should be reserved for cases in which surgery is considered or red flag diagnoses are being evaluated for. There is a lack of documentation indicating neurological deficits of the lumbar spine to include decreased sensation or motor strength in a specific dermatomal or myotomal distribution. There is a lack of documentation regarding the failure of conservative treatment. In addition, there is no indication of red flag diagnoses or the intent to undergo surgery requiring an MRI. Therefore, the request is not medically necessary.