

Case Number:	CM14-0029672		
Date Assigned:	04/09/2014	Date of Injury:	01/05/2013
Decision Date:	05/27/2014	UR Denial Date:	01/06/2014
Priority:	Standard	Application Received:	01/24/2014

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, and is licensed to practice in Illinois. 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 49-year-old male who reported an injury on 01/05/2013. The mechanism of injury was not provided. The current diagnosis is thoracic sprain with bilateral sciatica. The injured worker was evaluated on 01/20/2014. The injured worker reported persistent lower back with radiation to bilateral lower extremities. Physical examination revealed limited range of motion with positive straight leg raising and tenderness to palpation. The treatment recommendations included physical therapy or chiropractic care 3 times per week for 6 weeks, and an MRI (magnetic resonance imaging) of the cervical, thoracic, and lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

CERVICAL MRI: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

Decision rationale: The California MTUS/ACOEM Practice Guidelines state if physiologic evidence indicates tissue insult or nerve impairment, consider a discussion with a consultation regarding the next steps, including the selection of an imaging test to define a potential cause.

In this case, there was no physical examination of the cervical spine provided on the requesting date. Therefore, there is no evidence of a significant musculoskeletal or neurological deficit. There is also mention of an attempt at conservative treatment prior to the request for an imaging study. Based on the clinical information received, the request is non-certified.

THORACIC MRI: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 182.

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) Low Back Chapter, Magnetic Resonance Imaging.

Decision rationale: The California MTUS/ACOEM Practice Guidelines state if physiologic evidence indicates tissue insult or nerve impairment, the practitioner can discuss with a consultant, the selection of an imaging test to define a potential cause. The Official Disability Guidelines (ODG) states indications for imaging include thoracic or lumbar spine trauma with neurological deficit, uncomplicated low back pain with suspicion for red flags, uncomplicated low back pain with radiculopathy after 1 month of conservative therapy, and myelopathy. The injured worker does not meet the above-mentioned criteria as outlined by the ODG. There is no documentation of a significant neurological deficit. There is also no mention of an attempt at conservative treatment prior to the request for an imaging study. Based on the clinical information received, the request is non-certified.

LUMBAR MRI: Upheld

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

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) Low Back Chapter, Magnetic Resonance Imaging.

Decision rationale: The California MTUS/ACOEM Practice Guidelines state if physiologic evidence indicates tissue insult or nerve impairment, the practitioner can discuss with a consultant, the selection of an imaging test to define a potential cause. The Official Disability Guidelines (ODG) states indications for imaging include thoracic or lumbar spine trauma with neurological deficit, uncomplicated low back pain with suspicion for red flags, uncomplicated low back pain with radiculopathy after 1 month of conservative therapy, and myelopathy. The injured worker does not meet the above-mentioned criteria as outlined by the ODG. There is no documentation of a significant neurological deficit. There is also no mention of an attempt at conservative treatment prior to the request for an imaging study. Based on the clinical information received, the request is non-certified.

PHYSICAL THERAPY OR CHIROPRACTIC TREATMENT (3) TIMES A WEEK FOR (6) WEEKS QTY: 18.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section on Manual therapy and manipulation, Page(s): 58-59 and 98-.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58, 98-99.

Decision rationale: The California MTUS Guidelines state manual therapy and manipulation are recommended if caused by a musculoskeletal condition. The treatment for the spine is recommended as a therapeutic trial of 6 visits over 2 weeks. The California MTUS Guidelines further state physical medicine treatment for myalgia and myositis includes 9 to 10 visits over 8 weeks. The treatment for neuralgia, neuritis, and radiculitis includes 8 to 10 visits over 4 weeks. The current request for physical therapy or chiropractic treatment 3 times per week for 6 weeks exceeds guideline recommendations. There was also no specific body part listed in the current request. Therefore, the request is non-certified.