

Case Number:	CM14-0029823		
Date Assigned:	04/09/2014	Date of Injury:	06/24/2001
Decision Date:	08/20/2014	UR Denial Date:	01/09/2014
Priority:	Standard	Application Received:	01/27/2014

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 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 39-year-old male with a reported date of injury on 06/24/2001. The mechanism of injury occurred when the injured worker worked was tackled to the ground by a shoplifter. An magnetic resonance imaging (MRI) of the lumbar spine was performed on 09/21/2001 which was unremarkable. The injured worker had an examination on 05/01/2014 with complaints of lumbar spine pain radiating into the bilateral lower extremities. Prior treatments included chiropractic care and bilateral facet joint medial branch blocks with no relief. The injured worker's medication regimen consisted of Oxycodone, Norco, Robaxin, amitriptyline, compounded transdermal analgesic creams, and magnesium supplementation. The injured worker rated his pain 8/10. His lumbar orthopedic tests included a positive Kemp's sign, Patrick's, Jump and minor sign. The injured worker had moderate to severe lumbar pain which radiated into the bilateral lower extremities. The examination also revealed his sensation was intact to light touch to the bilateral lower extremities. His deep tendon reflexes were 2/4 and motor strength was 5/5. His diagnoses consisted of acute opioid withdrawal, lumbago, lumbar facet joint pain, sacroiliac joint pain, lumbar neuritis, and chronic pain syndrome. The recommended plan of treatment was for the injured worker to discontinue Oxycodone, perform a lumbar spine MRI and attend a course of 6 visits of chiropractic therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 MRI OF THE LUMBAR SPINE: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 296-297. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back, MRI.

Decision rationale: The injured worker had complaints of lumbar spine pain, radiating down to the bilateral lower extremities. Prior treatment included chiropractic therapy and bilateral facet medial branch block injections with no relief. The California Medical Treatment Utilization Schedule / American College of Occupational and Environmental Medicine Guidelines recommend an magnetic resonance imaging (MRI) for low back pain only for suspicion of spinal stenosis and post-laminectomy. The Official Disability Guidelines note repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (eg, tumor, infection, fracture, neurocompression, recurrent disc herniation). An MRI of the lumbar spine was performed on 09/21/2001. The results revealed no significant disc herniation or bulge, or fractures in the lumbar spine. There is no evidence of a significant change in symptoms and/or findings suggestive of significant pathology. The injured worker had an examination on 05/01/2014 with complaints of lumbar spine pain radiating into the bilateral lower extremities. Therefore, the request for an MRI of the lumbar spine is not medically necessary and appropriate.

6 CHIROPRACTIC MANIPULATION TREATMENTS: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual manipulation Page(s): 58-59.

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) Guidelines recommend that the intended goal for manual medicine is achievement of positive symptomatic or objective measurable gains in functional improvement. The Guidelines recommend a total up to 18 visits with evidence of objective functional improvement. The injured worker previously attended chiropractic treatment and there is a lack of documentation demonstrating measurable functional gains were made during the prior chiropractic treatment. There is a lack of documentation functional deficits are present. Within the provided documentation it was not indicated how many sessions of chiropractic treatment have been completed. Additionally, the site at which the chiropractic treatment is to be performed is not indicated within the submitted request. Therefore, the request for 6 chiropractic manipulation treatments is not medically necessary and appropriate.