

Case Number:	CM14-0034967		
Date Assigned:	06/23/2014	Date of Injury:	03/09/2013
Decision Date:	09/09/2014	UR Denial Date:	03/14/2014
Priority:	Standard	Application Received:	03/20/2014

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 43-year-old male with a 3/9/13 date of injury. He injured his neck and lumbar spine while lifting a box which weighed approximately 100 pounds. When he lifted the box, the bottom of the box became apart. He tried to hold it together but was having a difficult time finding a spot to set it down. According to a progress report dated 1/28/14, the patient complained that his job was not accommodating his work restrictions and he was getting worse. He stated that his pain in the lumbar spine was at 6-7/10 and was constant, stabbing, and shooting down his left leg. His cervical spine pain was rated at 4/10 which was constant, sharp, stabbing, and achy. He was also suffering with headaches as a result of his neck pain. Objective findings: mildly positive Stoop test, ROM lumbar spine restricted and all motions are with pain. A report from an MRI of the lumbar spine done on 7/27/13 revealed a 1 to 2 minimal posterior bulge at L4-L5, no significant spinal canal and neuroforaminal stenosis, mild bilateral facet arthropathy, abnormal signal of the pedicles of L4 and L5 bilaterally. Diagnostic impression: displacement of lumbar disc without myelopathy, lumbosacral spondylosis without myelopathy, cervical spine sprain and strain. Treatment to date includes: medication management, activity modification, and chiropractic therapy. A UR decision dated 3/14/14 denied the requests for MRI of the cervical spine, X-Ray of cervical spine, chiropractic sessions 2 x 4 to cervical spine, and acupuncture 2 x 4 to cervical and lumbar spine. Regarding MRI of the cervical spine and X-Ray of cervical spine, there were no red flag signs relative to the cervical spine examination. There were no examination findings of specific nerve compromise found. It is not indicated if there has been previous imaging performed to the cervical spine. Regarding chiropractic sessions 2 x 4 to cervical spine, the injury is close to a year old and there are no functional deficits indicated that could not be addressed in the context of a self-directed home exercise program yet would be expected to improve with formal therapy. It is not indicated previous amounts of prior therapy

or that functional improvement was obtained. Regarding acupuncture 2 x 4 to cervical and lumbar spine, there was no indication from the documentation that the patient is not tolerating pain medications or is in physical rehabilitation.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the Cervical Spine.: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179-180. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back Chapter-MRI.

Decision rationale: CA MTUS supports imaging studies with red flag conditions; physiologic evidence of tissue insult or neurologic dysfunction; failure to progress in a strengthening program intended to avoid surgery; clarification of the anatomy prior to an invasive procedure and definitive neurologic findings on physical examination, electrodiagnostic studies, laboratory tests, or bone scans. According to the reports reviewed, there is no documentation of definitive neurologic findings on physical examination. In addition, it is documented that the patient has had an MRI of the neck, thoracic, and lumbar spine performed in 2013, however only the MRI report of the lumbar spine was provided for review. There is no description of any significant change in the patient's condition to warrant new imaging. Furthermore, there is no documentation that the patient has failed conservative therapy. In fact, the patient has stated that his medications are helping and his pain without medications were at a 6-7/10 and with medications were at 3-5/10. Therefore, the request for MRI of the cervical spine is not medically necessary.

X-Ray of Cervical Spine.: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): Table 8-7.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179-180.

Decision rationale: CA MTUS supports imaging studies with red flag conditions; physiologic evidence of tissue insult or neurologic dysfunction; failure to progress in a strengthening program intended to avoid surgery; clarification of the anatomy prior to an invasive procedure and definitive neurologic findings on physical examination, electrodiagnostic studies, laboratory tests, or bone scans. According to the reports provided for review, there were no red flag signs relative to the cervical spine examination. In addition, there were no objective findings of specific nerve compromise found. It is documented that the patient has had an MRI of the neck, thoracic, and lumbar spine performed in 2013, however only the MRI report of the lumbar spine

was provided for review. It is unclear why the patient would need a cervical X-Ray when a past cervical MRI has been performed. Furthermore, there is documentation that the patient had x-rays performed, however they were not provided for review. Therefore, the request for X-Ray of cervical spine is not medically necessary.

Chiropractic sessions. 2 x 4 to Cervice Spine.: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, - Regional Neck Pain.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 15 Stress Related Conditions Page(s): 173. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back Complaints.

Decision rationale: CA MTUS states using cervical manipulation may be an option for patients with neck pain or cervicogenic headache, but there is insufficient evidence to support manipulation of patients with cervical radiculopathy. In addition, ODG supports a trial of 6 visits and with evidence of objective functional improvement, up to a total of up to 18 visits. According to the reports reviewed, the patient began chiropractic treatment on 5/3/13. However, there is no documentation of the number of previous treatments he had received. In addition, there is no documentation of functional improvement or improved activities of daily living. Therefore, the request for chiropractic sessions 2 x 4 to the cervical spine is not medically necessary.

Acupuncture 2x4 to Cervical and Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.23 Clinical Topics; 9792.24.1 Page(s): 1. 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 (page 114).

Decision rationale: CA MTUS/ACOEM guidelines stress the importance of a time-limited treatment plan with clearly defined functional goals, with frequent assessment and modification of the treatment plan based upon the patient's progress in meeting those goals, and monitoring from the treating physician is paramount. In addition, Acupuncture Medical Treatment Guidelines state that acupuncture may be used as an option when pain medication is reduced or not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. Furthermore, guidelines state that time to produce functional improvement of 3 - 6 treatments. However, this is a request for 8 acupuncture sessions. This exceeds the number of initial treatments supported by guidelines. Therefore, the request for acupuncture 2x4 to the cervical and lumbar spine is not medically necessary.