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| Case Number: | CM14-0035772 | | |
| Date Assigned: | 06/23/2014 | Date of Injury: | 11/03/2013 |
| Decision Date: | 07/25/2014 | UR Denial Date: | 03/12/2014 |
| Priority: | Standard | Application Received: | 03/24/2014 |

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 & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 11/03/2013. The mechanism of injury was not provided within the documentation. The injured worker's prior treatments were noted to be therapy, although the evaluation dated 02/24/2014 does not indicate what type of therapy the injured worker was participating in. The injured worker's diagnoses were noted to be cervical spine strain/sprain, lumbar spine strain/sprain, and right hip strain/sprain. In a clinical evaluation on 02/24/2014, it is noted that the injured worker had complaints of symptoms with therapy; although it is not indicated what type of symptoms the injured worker was experiencing. The injured worker complained of tinnitus. Within the physical examination, it is noted that the injured worker had a negative Spurling's test, reflexes were within normal limits, and range of motion was within normal limits. The treatment plan included a plan for a support brace and this was for comfort, use with activities, and to prevent flare-ups. A request for authorization for medical treatment was dated 02/24/2014, for chiropractic visits. A request for authorization for medical treatment was not furnished within the documentation for the request of an MRI for the lumbar spine, and a lumbar spine brace. The provider's rationale for the requested chiropractic visits was not noted within the clinical evaluation. The provider's rationale for the MRI of the lumbar spine was noted to rule out radiculopathy, and the provider's rationale for the request of a lumbar spine brace was noted in the treatment plan. Both of these rationales were noted on a clinical evaluation dated 02/24/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Chiropractic visits with supervised physiotherapy and myofascial release, 2 x per week for 6 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation, page(s) 58-60 and Physical Medicine, page 98 Page(s): 58-60; 98.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation, page(s) 58-60 Page(s): 58-60.

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines recommend manual therapy and manipulation for chronic pain if caused by musculoskeletal conditions. Manual therapy is widely used in the treatment of musculoskeletal pain. The intended goal or effect of manual medicine 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. Manipulation is manual therapy that moves a joint beyond the physiologic range of motion, but not beyond the anatomic range of motion. The recommended initial trial is 6 to 12 visits over a 2 to 4 week period, and at the mid-way 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 criterion to support continuing chiropractic care is substantive, measurable functional gains with remaining functional deficits have been achieved; a follow-up course of treatment may be indicated, consisting of another 4 to 12 visits over a 2 to 4-week period. According to the study, one of the goals of any treatment plan should be to reduce the frequency of treatments to the point where maximum therapeutic benefit continues to be achieved while encouraging more active self-therapy such as independent strengthening and range of motion exercises, and rehabilitative exercises. Patients also need to be encouraged to return to usual activity levels despite residual pain, as well as to avoid catastrophizing and overdependence on physicians, including doctors of chiropractic. The evaluation does not address motor strength or indicate any objective functional improvements since therapy was initiated. There were no range of motion values; and no motor strength numbers. Because it is not documented how many therapy visits have already been used by the injured worker, it is difficult to gauge how many would be necessary for functional improvement and physical gains. If the injured worker had a trial of 6 to 12 visits, an additional 12 visits would be in excess of the 18 that the guidelines recommend. Therefore, the request for 12 chiropractic visits with supervised physiotherapy and myofascial release, 2 times per week for 6 weeks, is not medically necessary.

MRI of the Lumbar Spine: Upheld

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

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, MRI's.

Decision rationale: The injured worker had a clinical evaluation on 02/24/2014 with noted negative Spurling's, reflexes within normal limits, positive straight leg raise, and tenderness to palpation over the lumbar spine. The evaluation fails to indicate if the injured worker had decreased strength, and the treatment plan indicates the recommendation for an MRI to rule out radiculopathy. The California MTUS, American College of Occupational and Environmental Medicine state unequivocal objective findings that identify specific nerve compromise on the neurologic exam are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. When a neurological examination is less clear; however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. In addition, the Official Disability Guidelines indicate magnetic resonance imaging for spinal trauma, uncomplicated low back pain with suspicion of cancer, infection, or other red flags. Imaging is indicated for radiculopathy, with at least 1 month conservative therapy, or sooner if severe or progressive neurological deficits occur. Imaging is indicated for a traumatic, painful, sudden onset of myelopathy, or myelopathy in an infectious disease patient or oncology patient. The injured worker's clinical evaluation indicates a suspicion of neurological deficits; however, there are simply not enough qualifying neurological deficits documented to warrant a magnetic resonance imaging study at this time. Therefore, the request for MRI of the lumbar spine is not medically necessary.

Lumbar Spine Brace: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Lumbar supports.

Decision rationale: The California MTUS American College of Occupational and Environmental Medicine state lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. In addition, the Official Disability Guidelines do not recommend lumbar supports for prevention. They are recommended as an option for treatment, but only for certain indications. The guidelines recommend as an option for compression fractures and specific treatment of spondylolisthesis, documented instability, and for treatment of nonspecific low back pain. In the clinical evaluation on 02/24/2014, it is indicated in the treatment plan that a lumbar spine brace was recommended for the injured worker to support, comfort, and use for activities. The treatment plan also indicated that the brace would be recommended to prevent flare-ups. Because the injured worker does not have any documented compression fractures or spondylolisthesis, instability, or nonspecific low back pain, and because it is recommended as a preventative measure, it does not meet the criteria under the guidelines for a lumbar support. Therefore, the request for lumbar spine brace is not medically necessary.