

Case Number:	CM14-0038176		
Date Assigned:	06/25/2014	Date of Injury:	08/25/2011
Decision Date:	08/26/2014	UR Denial Date:	03/14/2014
Priority:	Standard	Application Received:	04/01/2014

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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic low back, left shoulder, and mid back pain reportedly associated with an industrial injury of August 25, 2011. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; and earlier shoulder surgery on October 8, 2011. In a Utilization Review Report dated March 14, 2014, the claims administrator denied a request for six sessions of chiropractic manipulative therapy and lumbar MRI imaging. The claims administrator did note that it was not stated whether or not the applicant had had prior chiropractic treatment or not. The claims administrator based its lumbar MRI denial on non-MTUS ODG Guidelines. The applicant's attorney subsequently appealed. The Lumbar MRI imaging of September 6, 2012 was notable for multilevel degenerative changes and multilevel facet hypertrophy of uncertain clinical significance, no significant canal stenosis or neuroforaminal narrowing. Electrodiagnostic testing of lumbar spine and right lower extremity of October 1, 2012 was also interpreted as negative. On January 21, 2014, the applicant was described as having persistent shoulder pain complaints, neck pain, knee pain, low back pain with derivative complaints of anxiety and insomnia. Physical therapy, manipulative therapy, a functional capacity evaluation, work hardening screening, tramadol, Motrin, and three dimensional MRI imaging of the lumbar and cervical spines were endorsed while the applicant was placed off of work, on total temporary disability. No rationale for the MRI study in question was proffered. The remainder of the file was surveyed. There was no explicit mention of the applicant's having had any manipulative therapy prior to the date of the request and/or the date of the Utilization Review Report.

IMR ISSUES, DECISIONS AND RATIONALES

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

Manipulation of spine X 6: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation.

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

Decision rationale: As noted on page 58 of the MTUS Chronic Pain Medical Treatment Guidelines, the time deemed necessary to produce effect following introduction of manipulative therapy is four to six treatments. In this case, the six-session first time request, thus, does conform to MTUS parameters and principles. Given the failure of multiple other treatments over the course of the claim, including events of physical therapy, time, medications, etc., a trial of manipulative therapy is indicated. Therefore, the request for Manipulation of Spine Six Sessions is medically necessary.

MRI Lumbar Spine w/dye: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, 12th Edition (web), Low Back, MRIs.

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

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 12, page 304, imaging studies should be reserved for cases in which surgery is being considered or red flag diagnoses are being evaluated. In this case, however, there is no evidence that the applicant is actively considering or contemplating lumbar spine surgery. The fact that the attending provider is seeking MRI imaging of numerous body parts, including the lumbar and cervical spines, suggest that now the attending is ordering MRI studies in question for academic purposes, without a clear intention of acting on the same. The provided progress note made no explicit mention of surgery being considered or contemplating here. Therefore, the request for MRI Lumbar Spine with dye is not medically necessary.