

Case Number:	CM14-0039947		
Date Assigned:	06/27/2014	Date of Injury:	01/12/2006
Decision Date:	08/18/2014	UR Denial Date:	03/11/2014
Priority:	Standard	Application Received:	04/04/2014

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 Nevada. 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 records presented for review indicate that this 67 year-old male was reportedly injured on 1/12/2006. The mechanism of injury is not listed in the records reviewed. The most recent progress note, dated 2/19/2014, indicates that there are ongoing complaints of cervical and lumbar spine pain. The physical examination demonstrated cervical spine: limited range of motion, worse with pain on the left than on the right. Lumbar spine: limited range of motion, negative toe walk, positive heel walk. Mild paraspinal tenderness to percussion. No diagnostic studies are available for review today. Previous treatment includes physical therapy, medications, and conservative treatment. A request was been made for consult to pain management, chiropractic treatments of the cervical/lumbar spine twice a week for six weeks, MRI of the cervical spine, and was not certified in the pre-authorization process on 3/11/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain management consultation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, Chapter 7: Independent Medical Examinations and Consultations.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7 - Independent Medical Examinations and Consultations, pg 127.

Decision rationale: ACOEM Guidelines support referral to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. Review of the available medical records, documents the injured worker's pain levels, but fails to document any red flags or pain that is uncontrollable to warrant consultation. As such, the request for pain management consultation is not medically necessary and appropriate.

12 sessions of chiropractic care of the cervical and lumbar spine (2x6): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58-59 of 127.

Decision rationale: The MTUS Guidelines support the use of manual therapy and manipulation (chiropractic care) for low back pain as an option. An initial trial of 6 visits over 2 weeks with the evidence of objective functional improvement, and a total of up to #18 visits over 16 weeks is supported. Recommendations would be to initially certify a trial chiropractic treatment three times a week for two weeks in order to document improvement in function. As such, the current request exceed MTUS guideline recommendation. Therefore, the request for 12 sessions of chiropractic care of the cervical and lumbar spine, twice a week for six weeks is not medically necessary and appropriate.

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.

Decision rationale: A cervical MRI is recommended in patients with acute and subacute red lights condition such as; "acute cervical pain with progressive neurologic deficit; significant trauma with no improvement in significantly painful or debilitating symptoms; a history of neoplasia (cancer) Multiple neurological abnormalities that span more than one neurological. Previous neck surgery with increasing neurologic symptoms; Fever with severe cervical pain; Symptoms or signs of myelopathy." After review of the medical records provided it is noted the injured worker does have significant neck and low back pain. However, the medical records does not identify any red flag conditions as listed above. Therefore, the request for a MRI of the cervical spine is not medically necessary and appropriate.