

Case Number:	CM14-0043909		
Date Assigned:	08/06/2014	Date of Injury:	09/30/2013
Decision Date:	09/17/2014	UR Denial Date:	03/25/2014
Priority:	Standard	Application Received:	04/10/2014

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 54-year-old female who reported an injury on 09/30/2013 due to an unknown mechanism. Diagnoses were cervical spine musculoligamentous sprain/strain with radiculitis, rule out cervical spine discogenic disease, thoracic spine musculoligamentous sprain/strain, lumbar spine musculoligamentous sprain/strain with radiculitis, rule out lumbar spine discogenic disease, bilateral shoulders sprain/strain, bilateral shoulders impingement syndrome, bilateral elbows sprain/strain, bilateral elbow lateral epicondylitis, rule out bilateral wrist carpal tunnel syndrome, bilateral wrist overuse syndrome, sleep disturbance secondary to pain, and depression (situational). There were no past surgeries reported. The physical examination on 07/16/2014 revealed complaints of mid-upper back, lower back, bilateral shoulders, arms, and bilateral elbows and forearms pain. There were also complaints of pain and numbness in the bilateral wrists and hands. The examination of the cervical spine revealed there was grade 2 tenderness to palpation over the paraspinal muscles. The cervical compression test was positive. The examination of the thoracic spine revealed grade 2 tenderness to palpation over the paraspinals. There was grade 2 palpable spasm. The examination of the lumbar spine revealed grade 2 tenderness to palpation over the paraspinal muscles and grade 2 palpable spasm. The straight leg raise test was positive bilaterally. There was grade 2 tenderness to palpation over the shoulders, arms, elbows, and forearms. The injured worker reported that physical therapy helped to decrease pain and tenderness in the past. Medications were topical medicines. The treatment plan was for chiropractic manipulation. The rationale was not submitted. The Request for Authorization was submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Eight (8) Chiropractic Manipulation sessions for the neck and back: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173, Chronic Pain Treatment Guidelines Manual therapy & manipulation.

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

Decision rationale: The request for Eight (8) Chiropractic Manipulation sessions for the neck and back is not medically necessary. California MTUS states that manual therapy and manipulation is recommended for chronic pain if caused by musculoskeletal conditions. For the low back, therapy is recommended initially in a therapeutic trial of 6 sessions and with objective functional improvement a total of up to 18 visits over 6-8 weeks may be appropriate. Treatment for flare-ups requires a need for re-evaluation of prior treatment success. Treatment is not recommended for the ankle & foot, carpal tunnel syndrome, the forearm, wrist, & hand or the knee. If chiropractic treatment is going to be effective, there should be some outward sign of subjective or objective improvement within the first 6 visits. Treatment beyond 4-6 visits should be documented with objective improvement in function. The maximum duration is 8 weeks and at 8 weeks patients should be re-evaluated. Care beyond 8 weeks may be indicated for certain chronic pain patients in whom manipulation is helpful in improving function, decreasing pain and improving quality of life. The request exceeds the recommended 6 visits. Therefore, the request is not medically necessary.

X-Ray of the Cervical Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 182, 177-178.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

Decision rationale: The request for X-Ray of the Cervical Spine is not medically necessary. For most patients presenting with true neck or upper back problems, special studies are not needed unless a three or four week period of conservative care and observation fails to improve symptoms. Most patients improve quickly, provided any red-flag conditions are ruled out. The criteria for ordering imaging studies are an emergence of a red flag, physiologic evidence of tissue insult or neurologic dysfunction, failure to progress in a strengthening program intended to avoid surgery, and clarification of the anatomy prior to an invasive procedure. The injured worker reported improvement with physical therapy. There was no evidence on physical examination of neurologic dysfunction. There, the request is not medically necessary.

X-Ray of the Thoracic Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 182, 177-178.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

Decision rationale: The request for X-Ray of the Thoracic Spine is not medically necessary. For most patients presenting with true neck or upper back problems, special studies are not needed unless a three or four week period of conservative care and observation fails to improve symptoms. Most patients improve quickly, provided any red-flag conditions are ruled out. The criteria for ordering imaging studies are an emergence of a red flag, physiologic evidence of tissue insult or neurologic dysfunction, failure to progress in a strengthening program intended to avoid surgery, and clarification of the anatomy prior to an invasive procedure. The injured worker reported improvement with physical therapy. There was no evidence on physical examination of neurologic dysfunction. Therefore, the request is not medically necessary.

X-Ray of the Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation ACOEM Guidelines, Chapter 12 (Low Back Complaints) (2007), pg 308.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

Decision rationale: The request for X-Ray of the Lumbar Spine is not medically necessary. Lumbar spine x rays should not be recommended in patients with low back pain in the absence of red flags for serious spinal pathology, even if the pain has persisted for at least six weeks. However, it may be appropriate when the physician believes it would aid in patient management. Relying solely on imaging studies to evaluate the source of low back and related symptoms carries a significant risk of diagnostic confusion (false positive test results) because of the possibility of identifying a finding that was present before symptoms began and therefore has no temporal association with the symptoms. The injured worker reported she had improvement with physical therapy. There were no "red flag" signs or symptoms upon examination. Therefore, the request is not medically necessary.