

Case Number:	CM14-0060657		
Date Assigned:	07/09/2014	Date of Injury:	02/15/2012
Decision Date:	09/05/2014	UR Denial Date:	04/10/2014
Priority:	Standard	Application Received:	05/01/2014

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:

Patient is a 58-year-old who has submitted a claim for cervicgia, cervical facet dysfunction, lumbago, lumbar facet dysfunction, myalgia, and thoracic spine pain associated with an industrial injury date of February 15, 2012. Medical records from 2013 to 2014 were reviewed. Patient complained of neck and low back pain associated with stiffness. He denied numbness or tingling sensation. Physical examination showed tenderness, positive facet loading test, and positive axial pain on Spurling's test. Sensory and motor testing were normal. Reflexes were absent in the upper extremities bilaterally. MRI of the cervical spine as cited from progress report February 5, 2014, showed mild spondylosis at C5-C6. There was a 2 mm broad-based posterior protrusion causing mild spinal stenosis. At C3-C4, there was a disc protrusion without major cord impingement or foraminal narrowing. MRI of the lumbar spine as cited from progress report June 23, 2014, showed a 2 mm disc bulge at L4-L5 and L5-S1 levels. Treatment to date has included physical therapy, activity modification, home exercise program, and medications. Utilization review from April 10, 2014 denied the request for Chiropractic Therapy 3 x 4 visits - Neck and Low Back because specific functional deficits beyond tenderness were not assessed. There were no quantitative measures that would allow for assessment of progress. The request for MRI of the cervical spine, thoracic spine, and lumbar spine were likewise denied because there were no unequivocal objective findings that identified specific nerve compromise on the neurologic exam.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic manipulation for the neck and low back, three times weekly for four weeks:
Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26, Manipulation Therapy Page(s): 58-59.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, several studies of manipulation have looked at duration of treatment, and they generally showed measured improvement within the first few weeks or three to six visits of chiropractic treatment, although improvement tapered off after the initial sessions. There should be some outward sign of subjective or objective improvement within the first 6 visits for continuing treatment. In this case, patient underwent chiropractic care in 2012. However, there was no documentation concerning total number of sessions and objective functional outcomes. The medical necessity cannot be established due to insufficient information. Therefore, the request for Chiropractic manipulation for the neck and low back, three times weekly for four weeks, is not medically necessary or appropriate.

MRI Cervical Spine: Upheld

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

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

Decision rationale: The Neck and Upper Back Complaints Chapter of the ACOEM Practice Guidelines support 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. In this case, patient complained of neck pain associated with stiffness. Physical examination showed tenderness at the paracervical muscles, positive facet loading test, and positive axial pain on Spurling's test. Reflexes were absent in the upper extremities bilaterally. The documented rationale for MRI is to assess need for cervical facet joint injection. However, progress report from February 5, 2014 cited undated cervical MRI results showing a 2 mm broad-based posterior protrusion causing mild spinal stenosis. At C3-C4, there was a disc protrusion without major cord impingement or foraminal narrowing. However, it is unclear why a repeat imaging is necessary at this time. The medical necessity cannot be established due to insufficient information. Therefore, the request for MRI of the cervical spine is not medically necessary or appropriate.

MRI Thoracic spine.: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, MRI.

Decision rationale: According to the Low Back Complaints Chapter of the ACOEM Practice Guidelines, imaging of the thoracic spine is recommended in patients with red flag diagnoses where plain film radiographs are negative; unequivocal objective findings that identify specific nerve compromise on the neurologic examination, failure to respond to treatment, and consideration for surgery. In addition, Official Disability Guidelines recommends MRI for uncomplicated back pain, with radiculopathy, after at least 1 month of conservative therapy. In this case, patient complained of low back pain associated with stiffness. He denied numbness or tingling sensation. Physical examination showed paralumbar muscle tenderness, and unremarkable sensory and motor exam. However, clinical manifestations were not consistent with neurologic dysfunction to warrant imaging. There was no evidence of failure in conservative management. The medical necessity cannot be established due to insufficient information. Therefore, request for MRI of the thoracic spine is not medically necessary or appropriate.

MRI Lumbar Spine.: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304.

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 303-304. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Section, MRI.

Decision rationale: According to the Low Back Complaints Chapter of the ACOEM Practice Guidelines, imaging of the lumbar spine is recommended in patients with red flag diagnoses where plain film radiographs are negative; unequivocal objective findings that identify specific nerve compromise, failure to respond to treatment, and consideration for surgery. In addition, Official Disability Guidelines recommends MRI for the lumbar spine for uncomplicated low back pain, with radiculopathy, after at least 1 month of conservative therapy, sooner if severe, or progressive neurologic deficit. In this case, patient complained of low back pain associated with stiffness. He denied numbness or tingling sensation. Physical examination showed paralumbar muscle tenderness, and unremarkable sensory and motor exam. However, clinical manifestations were not consistent with neurologic dysfunction to warrant imaging. The medical necessity cannot be established due to insufficient information. Moreover, progress report from June 23, 2014 cited undated lumbar MRI showing a 2 mm disc bulge at L4-L5 and L5-S1 levels. There is no compelling indication for a repeat imaging at this time. Therefore, the request for MRI of the lumbar spine is not medically necessary or appropriate.