

Case Number:	CM14-0068171		
Date Assigned:	07/11/2014	Date of Injury:	10/17/2013
Decision Date:	09/19/2014	UR Denial Date:	04/23/2014
Priority:	Standard	Application Received:	05/12/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 28 year old male who was injured on 10/17/13 when he was involved in an motor vehicle accident. The injured worker complains of neck pain, low back pain and left hand pain, numbness and tingling. X-rays of the injured worker's left hand, left wrist, lumbar spine and neck were taken the day following the accident. These were reportedly negative for fractures or dislocations. The injured worker is diagnosed with cervical spine sprain/strain, left wrist sprain/strain, left wrist carpal tunnel syndrome and lumbar spine sprain/strain. Treatment has included physical therapy, chiropractic therapy and immobilization. Records note the injured worker reported improvement with physical therapy and felt it was "helping him stay functional." Records indicate the injured worker is also recovering from second degree burns on the bilateral upper and bilateral lower extremities. These are unrelated to the date of injury. It is noted the injured worker is receiving medications through the burn center; the injured worker is not being treated with medications by the providers addressing the concerns resulting from the date of injury. As such, the injured worker's current medications are not included for review. The injured worker was seen for a comprehensive orthopedic evaluation on 04/01/14. Physical examination of the cervical spine revealed flexion of 30/50, extension of 40/60 and right and left rotation of 75/80. Radiation of numbness and tingling was noted between the shoulder blades and down an arm while ROM testing was performed. Pain is noted with chin to chest and chin to ceiling movements. Physical examination of the lumbar spine revealed positive paraspinal tenderness to percussion and a negative toe and negative heel walk. ROM of the lumbar spine is 75/90 flexion, 15/25 extension and 15/25 with right and left lateral flexion. Physical examination of the left hand is significant for positive Durkan's, Tinel's, Phalen's and mild flattening of the thenar prominence and cup sign. This note includes a request for authorization of an MRI of the cervical spine, x-rays of the lumbar spine and SI joints and 12 sessions of

physiotherapy/chiropractic care. A urine drug screen was also collected at this visit (04/01/14) and a request is submitted for this testing. It is noted this UDS was drawn to obtain the injured worker's baseline labs.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 1787.

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

Decision rationale: necessary: The request for an MRI of the cervical spine is not recommended as medically necessary. ACOEM states criteria for the ordering of imaging for cervical spine complaints include physiologic evidence of neurologic dysfunction and failure to progress in a strengthening program. The physical examinations submitted for review do not demonstrate objective findings suggestive of specific nerve root compromise. Examination of the left upper extremity is suggestive of neurologic dysfunction; however, an EMG/NCV of the bilateral upper extremities was requested on the same date as the MRI of the cervical spine and was approved but no report of electrodiagnostic testing was submitted for review. Records do not indicate the injured worker failed to progress in a strengthening program. Based on the clinical information provided, medical necessity of an MRI of the cervical spine is not established.

Urine drug test: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing ; Opioid Page(s): 43;76-77.

Decision rationale: necessary. MTUS Chronic Pain Medical Treatment Guidelines note that urine drug screens may be used to address the use or presence of illegal drugs prior to starting a therapeutic trial of opioids. Records do not indicate the requesting provider intended to treat the injured worker with opioids or was concerned about the injured worker's use of illegal drugs. Records indicate the injured worker denies using tobacco or alcohol. Moreover, records indicate a urine drug screen was previously authorized on 02/26/14. Guidelines recommend urine drug screens only twice per year. Records do not indicate the injured worker has had an inconsistent drug screen in the past. Based on the clinical information provided, medical necessity of a urine drug test is not established.

chiropractic manipulation, physiotherapy sessions #12: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58-60. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Preface, Physical Therapy Guidelines.

Decision rationale: Current evidence based guidelines support the use of chiropractic manipulation. MTUS Chronic Pain Medical Treatment Guidelines support up one to two visits of manipulation per week for the first two weeks and the once per week for six weeks. Guidelines also support the use of a 6 visit clinical trial of therapy in order to assess the efficacy of treatment before approving a course with greater duration/number of visits. Moreover, the records submitted for review include documentation which is dated more recently than the request and does not originate from the requesting physician. This documentation includes a note from a treating physician, dated 06/09/14, stating that the injured worker has recently completed 6 of 6 therapeutic visits. These visits included manipulation. Based on the clinical information submitted for review and as it appears the injured worker is being treated with chiropractic manipulation through a second provider, medical necessity of 12 sessions of chiropractic manipulation, physiotherapy is not established.

xrays of the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines radiography.

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

Decision rationale: The request for x-rays of the lumbar spine is not recommended as medically necessary. ACOEM states, "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." Per ACOEM, "red flags" include findings or medical history suggestive of progressive neurologic deficit, cauda equina syndrome, infection, tumor or fracture. The records submitted for review did not indicate these conditions are suspected. As such, "red flags" are absent. Based on the clinical information provided and the applicable guideline, medical necessity of x-rays of the lumbar spine is not established.