

Case Number:	CM14-0068345		
Date Assigned:	07/14/2014	Date of Injury:	05/10/2012
Decision Date:	09/09/2014	UR Denial Date:	04/10/2014
Priority:	Standard	Application Received:	05/13/2014

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 29 year old male injured on 05/10/12 when he slipped and fell resulting in low back pain. Documentation indicates diagnostic imaging revealed abnormalities at L4-5 and physical therapy to include aquatic therapy was provided with some relief. The injured worker was returned to work with modified duties. Clinical note dated 04/01/14 indicates the injured worker reported low back pain which did not radiate and increased with prolonged sitting and hyperextension. Medications listed included Naproxen and Norco. Physical examination of the lumbar spine revealed moderate tenderness and spasm in the lumbar spine increased with extension, straight leg raising resulted in back and buttock pain, reflexes 2+ and symmetric, and 2+ ankle jerks. Diagnoses included lumbar spine strain, lumbago, and thoracic or lumbosacral neuritis or radiculitis. Treatment plan included Toradol IM injection, lumbar support, ice therapy, chiropractic therapy 3 times a week for 2 weeks, and prescriptions for Cyclobenzaprine, Naproxen, and polar frost tube. The initial request for MRI of the lumbar spine (1.5 Telsa or greater) and 16 chiropractic treatment sessions (2 x 8) for the lumbar spine was initially non-certified on 04/10/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI OF THE LUMBAR SPINE (1.5 TELSA SCANNER OR GREATER): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines -online version, Low Back Complaints, Magnetic Resonance Imaging (MRI).

Decision rationale: As noted in the Chronic Pain Medical Treatment Guidelines, MRI is not recommended in cases of uncomplicated low back pain, with radiculopathy, until after at least one month conservative therapy, sooner if severe or progressive neurologic deficit. Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (eg, tumor, infection, fracture, neurocompression, recurrent disc herniation). The clinical documentation fails to establish compelling objective data to substantiate the necessity of repeat MRI within 2 years of the prior MRI. As such, the request for MRI of the lumbar spine (1.5 Telsa scanner or greater) cannot be recommended as medically necessary.

16 CHIROPRACTIC TREATMENT SESSIONS (2X8) FOR THE LUMBAR SPINE:

Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20, Manual therapy & manipulation Page(s): 59.

Decision rationale: As noted on page 59 of the Chronic Pain Medical Treatment Guidelines, chiropractic frequency of 1 to 2 times per week the first 2 weeks, as indicated by the severity of the condition. Treatment may continue at 1 treatment per week for the next 6 weeks with a maximum duration of 8 weeks. At week 8, patients should be reevaluated. 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. In these cases, treatment may be continued at 1 treatment every other week until the injured worker has reached plateau and maintenance treatments have been determined. Treatment beyond 4-6 visits should be documented with objective improvement in function. As such, the request for 16 chiropractic treatment sessions (2x8) for the lumbar spine cannot be recommended as medically necessary.