

Case Number:	CM14-0082472		
Date Assigned:	07/21/2014	Date of Injury:	03/27/2014
Decision Date:	08/26/2014	UR Denial Date:	05/29/2014
Priority:	Standard	Application Received:	06/04/2014

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 Chiropractor 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 patient is a 38-year-old male born on 07/24/1976. On 03/27/2014 the patient was reportedly carrying a table with a coworker and as they placed it down, the patient felt a pain in his back and left shoulder. The medical follow-up record of 04/02/2014 reports diagnoses of back pain and lumbar sprain/strain. The doctor's first report of occupational injury or illness reports the patient presented on 04/14/2014. This record is completed in difficult to decipher handwritten script. The patient reported low back pain 8/10 with radiating pain down both lower extremities, left hand numbness and left side of neck pain 6/10, and left shoulder pain 6/10 with crepitus sound. By examination there was tenderness to lumbar spine, tenderness to left cervical spine and range of motion pain; upper trapezius, left Sternocleidomastoid muscle and left levator scapula spasm, hypoesthesia C7-C8 bilaterally, left shoulder tenderness with crepitus sounds and spasm, restricted left shoulder range of motion, and + left impingement sign. Diagnoses were noted as cervical brachial syndrome, lumbar radiculopathy, and left shoulder sprain/strain rule out tear. There was a request for chiropractic therapy 3 times per week for 4 weeks. Left shoulder x-rays of 04/28/2014 report an unremarkable shoulder study. Lumbar spine flexion and extension x-rays were performed on 04/28/2014 revealing straightening of the lumbar lordosis with limited range of motion in flexion and extension, which may reflect an element of myospasm. Also performed on 04/28/2014 were cervical spine flexion and extension x-rays with findings of straightening of the cervical lordosis with restricted range of motion on flexion and extension, which may reflect an element of myospasm. An undated progress note, completed in difficult to decipher handwritten script, does not report patient complaints or measured objective factors, and does report diagnoses of cervical brachial syndrome, lumbar radiculopathy, and left shoulder sprain/strain rule out tear. There is a request for authorization of lumbar spine magnetic

resonance imaging (MRI) and chiropractic treatment at a frequency of 3 times per week for 4 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiro, 3 times 4: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173, 298-299, 303-304, Chronic Pain Treatment Guidelines Page(s): 58. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and upper back chapter, and Low back chapter).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation, pages 58-60 Page(s): 58-60. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back (Acute and Chronic), Procedure Summary - Manipulation/ODG Chiropractic Guidelines, Updated 08/02/2014; and Low Back - Lumbar and Thoracic (Acute and Chronic), Procedure Summary - Manipulation/ODG Chiropractic Guidelines, Updated 07/03/2014.

Decision rationale: The request for 12 sessions of chiropractic care is not supported to be medically necessary. The patient's reported date of injury is 03/27/2014, and at the time of the request for chiropractic treatment sessions the patient's condition was still acute; therefore, California Medical Treatment Utilization Schedule (MTUS) (Chronic Pain Medical Treatment Guidelines) is not applicable. Official Disability Guidelines (ODG) is the reference source, and ODG does not support the request for 12 sessions of chiropractic therapy. ODG supports a trial of up to 6 chiropractic treatment sessions in the care of cervical, thoracic and lumbar complaints. The request for 12 sessions of chiropractic care exceeds ODG Treatment Guidelines recommendations and is not supported to be medically necessary. ODG Treatment, Neck and Upper Back (Acute & Chronic), Procedure Summary - Manipulation/ODG Chiropractic Guidelines: In the treatment of neck complaints, ODG supports a 6-visit trial of care over 2-3 weeks, with consideration for additional treatment sessions (avoid chronicity) based upon evidence of objective functional improvement with care rendered during the treatment trial. ODG Treatment, Low Back - Lumbar and Thoracic (Acute & Chronic), Procedure Summary - Manipulation/ODG Chiropractic Guidelines: In treatment of low back complaints, ODG supports up to 6 visits over 2-3 weeks, with consideration for additional treatment sessions (avoid chronicity) based upon evidence of objective functional improvement with care rendered during the treatment trial. Elective/maintenance care is not medically necessary. For recurrences/flare-ups there is the need to re-evaluate prior treatment success, and if return to work achieved then 1-2 visits every 4-6 months when there is evidence of significant functional limitations on exam that are likely to respond to repeat chiropractic care. There is no evidence of objective functional improvement with chiropractic care rendered during a 6-visit trial, no evidence of acute exacerbation, and no evidence of a new condition; therefore, the request for 12 chiropractic treatment sessions exceeds ODG Treatment Guidelines recommendations and is not supported to be medically necessary.

MRI of the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 173, 298-299, 303-304, Chronic Pain Treatment Guidelines Page(s): 58. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and upper back chapter, and Low back chapter).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar and Thoracic (Acute and Chronic), Procedure Summary - MRIs (Magnetic Resonance Imaging), Updated 07/03/2014.

Decision rationale: The request for lumbar spine magnetic resonance imaging (MRI) is not supported to be medically necessary. The submitted documentation does not support this patient meets Official Disability Guidelines (ODG) indications for lumbar spine MRI study. The clinical record does not provide evidence of - Thoracic spine trauma: with neurological deficit- Lumbar spine trauma: trauma, neurological deficit- Lumbar spine trauma: seat belt (chance) fracture - (If focal, radicular findings or other neurologic deficit)- Uncomplicated low back pain, suspicion of cancer, infection, other red flags- Uncomplicated low back pain, with radiculopathy, after at least 1 month conservative therapy, sooner if severe or progressive neurologic deficit. - Uncomplicated low back pain, prior lumbar surgery- Uncomplicated low back pain, cauda equina syndrome- Myelopathy (neurological deficit related to the spinal cord), traumatic- Myelopathy, painful- Myelopathy, sudden onset- Myelopathy, stepwise progressive- Myelopathy, slowly progressive- Myelopathy, infectious disease patient- Myelopathy, oncology patient Therefore, the request for lumbar spine MRI is not supported to be medically necessary.