

<b>Case Number:</b>	CM14-0084039		
<b>Date Assigned:</b>	08/08/2014	<b>Date of Injury:</b>	04/15/2014
<b>Decision Date:</b>	09/29/2014	<b>UR Denial Date:</b>	05/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/05/2014

### 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 Nevada. 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 records, presented for review, indicate that this 50-year-old individual was reportedly injured on April 15, 2014. The mechanism of injury was noted as a lifting type event. The most recent progress note, dated May 8, 2014, indicated that there were ongoing complaints of cervical spine pain, low back pain, bilateral elbow and wrist tenderness. The physical examination demonstrated tenderness to palpation over the posterior spinous processes in the cervical spine, tenderness over the shoulders, elbows and wrists bilaterally, and tenderness to palpation of the lower lumbar spine. Diagnostic imaging studies (plain films of the cervical and lumbar spine) reported to be negative. Previous treatment included conservative care to include multiple medications. A request had been made for an x-ray of the lumbar spine, MRI of the cervical spine, MRI of the lumbar spine, a referral to neurology, chiropractic care, and physical therapy and was not certified in the pre-authorization process on May 14, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Referral to Neurology:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 127.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental

Medicine (ACOEM), 2nd Edition, (2004): Chapter 7 Independent Medical Examinations and Consultations, page 127.

**Decision rationale:** As noted in the ACOEM guidelines, a consultation is appropriate when the diagnosis is uncertain or extremely complex. Based on the reported mechanism of injury and by the physical examination offered, there is no complexity to this diagnosis and treatment from early straightforward. As such, the clinical basis for this type of consultation has not been presented. As such, the medical necessity is not present.

**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 Chapter 12 Low Back Complaints.

**Decision rationale:** When noting the date of injury, the mechanism of injury, and the findings reported physical examination, there is no clinical indication presented of a nerve root compromise, radiculopathy or any other intradiscal lesion. As such, based on the clinical information, the medical necessity for such a study has not been established.

**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 12 Low Back Complaints.

**Decision rationale:** When noting the date of injury, the mechanism of injury, and the findings reported physical examination, there is no clinical indication presented of a nerve root compromise, radiculopathy or any other intradiscal lesion. As such, based on the clinical information, the medical necessity for such a study has not been established.

**X-ray lumbar spine:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Neck and Upper Back Chapter.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**Decision rationale:** When noting the date of injury, the reported mechanism of injury, the multiple complaints and the findings on physical examination, there is no clinical indication presented for plain films of the lumbar spine. As noted in the ACOEM guidelines, plain films are to be obtained and there are red flags for fracture or serious systemic illness. Based on what is presented in the progress notes, there was no clinical indication for these imaging studies. This is determined not to be medically necessary.

**Chiropractic treatment 2 X 5: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 114. Decision based on Non-MTUS Citation ODG, Neck/Upper Back Chapter.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26; MTUS (Effective July 18, 2009) Page(s): 58-59.

**Decision rationale:** As noted in the MTUS, a course of chiropractic care can be supported. However, it is not clear what of the noted maladies is being addressed with chiropractic care. The MTUS guidelines establish that chiropractic care is not recommended for carpal tunnel syndrome, forearm, wrist, hand or shoulder. As such, based on the incomplete clinical information presented, the medical necessity for this intervention is not established.

**Physical Therapy 3 x 5 (diathermy, ES, massage, ultrasound): Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 114. Decision based on Non-MTUS Citation ODG (neck and upper back and low back chapters).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**Decision rationale:** The request of physical therapy is overly broad, vague, and is not clear if this is referring to upper extremity, cervical spine or lumbar spine issues. The MTUS has no specific recommendation for physical therapy in the low back. As such, based on this rather vague and incomplete clinical information, the medical necessity cannot be established. A comprehensive clinical assessment outlining the clinical indication for specific interventions would be necessary prior to any endorsement. As such, the request is not medically necessary.