

Case Number:	CM14-0099378		
Date Assigned:	07/28/2014	Date of Injury:	06/17/2012
Decision Date:	10/29/2014	UR Denial Date:	05/30/2014
Priority:	Standard	Application Received:	06/27/2014

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 & Rehabilitation, has a subspecialty in Pain 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:

The injured worker is a 39 year-old female with a date of injury of 6/17/2012. The patient's industrially related diagnoses include lumbosacral strain with radicular pain, right hip strain. The injured worker previously had an MRI of the thoracic spine in 2013 and lumbar spine in 2012. The disputed issues are thoracic spine MRI, lumbar spine MRI, bilateral hips/pelvis MRI, and physical therapy and chiropractic 3 times per week for 6 weeks. A utilization review determination on 5/30/2014 had non-certified these requests. The stated rationale for the denial of the MRI of the thoracic spine was "there is no documentation noting the patient has neurologic dysfunction." Furthermore, the patient had an MRI of the thoracic spine in 2013, which revealed mild degeneration. The stated rationale for the denial of the MRI of the lumbar spine was "there is no documentation noting the patient has neurologic dysfunction. Furthermore, the patient had an MRI of the lumbar spine in 2012 which is said to be negative." The request for the MRI of bilateral hips/pelvis was denied because "this request is not supported as there is no documentation of abnormal physical exam finding of the hips." The request for physical therapy was denied because "there is no documentation provided noting qualified functional improvement with previous physical therapy. Furthermore, there is no documentation provided that this patient is actively participating in home exercise plan." However, the chiropractic treatment request for three times per week for six weeks was modified to six trial chiropractic treatments since "the patient is noted with lumbar spine decreased ROM as well as tenderness with spasm at L5-S1."

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy/ Chiropractic 3x6 to back: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 299, Chronic Pain Treatment Guidelines Manual Therapy & Manipulation; Physical Medicine Page(s): 58-60; 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Physical Therapy, Lumbar Sprains and Strains

Decision rationale: The Chronic Pain Medical Treatment Guidelines recommend a short course of physical therapy with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. Official Disability Guidelines (ODG) has more specific criteria for the ongoing use of physical therapy. ODG recommends a trial of physical therapy. If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. Regarding chiropractic care, Chronic Pain Medical Treatment Guidelines support the use of chiropractic care for the treatment of chronic pain caused by musculoskeletal conditions. Guidelines go on to recommend a trial of up to 6 visits over 2 weeks for the treatment of low back pain. With evidence of objective functional improvement, a total of up to 18 visits over 6 to 8 weeks may be supported. In the progress reports made available for review, the treating physician documented that the injured worker had a course of physical therapy (PT) in 2012 after her industrial injury without improvement in her symptoms. Therefore, additional PT is not warranted at this time. Furthermore, the request for PT exceeds the amount of PT recommended by the ODG guidelines which is 10 visits over 8 weeks for lumbar sprains and strains and the request for 12 chiropractic treatment sessions exceeds the initial trial recommended by guidelines of 6 visits. Unfortunately, there is no provision for modification of the current request. Based on the guidelines referenced above, the request for physical therapy and chiropractic treatment three times a week for 6 weeks is not medically necessary.

Magnetic Resonance Imaging Thoracic spine: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints Page(s): 176-177, 303-304. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, MRIs (magnetic resonance imaging)

Decision rationale: Regarding the request for an MRI of the thoracic spine, the referenced guidelines support the use of imaging for emergence of a red flag, physiologic evidence of tissue insult or neurologic deficit, failure to progress in a strengthening program intended to avoid surgery, and for clarification of the anatomy prior to an invasive procedure. Guidelines also recommend MRI after at least one month of conservative treatment. In the progress reports

made available for review, there was no documentation of any red flag diagnoses and the objective findings did not document any neurological deficits. Furthermore, there was a previous MRI of the thoracic spine done in 2013 and the guidelines do not recommend routine repeat MRI. There is no documentation of significant change in symptoms and/or objective findings suggestive of significant pathology. Based on the lack of documentation, the request for an MRI of the thoracic spine is not medically necessary.

Magnetic Resonance Imaging Left spine: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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, MRIs (magnetic resonance imaging)

Decision rationale: The ACOEM Guidelines support imaging of the lumbar spine for red flag diagnoses where plain film radiographs are negative or unequivocal objective findings that identify specific nerve compromise on the neurologic examination that do not respond to treatment in patients who would consider surgery. When the neurologic examination is less clear, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. (ACOEM Text, pages 303 and 304 and table 12-8). Table 12-8 also indicates that Lumbar MRI is the "test of choice" for patient with prior back surgery according to a panel interpretation of information (which did not meet evidence for research-based evidence). The Official Disability Guidelines (ODG) recommends lumbar spine MRI for specific indications. However, for uncomplicated low back pain, with radiculopathy, an MRI is not recommended until after at least one month conservative therapy has been completed or sooner if severe or progressive neurologic deficit are present. Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. In the progress reports made available for review, there was no documentation of any objective findings that identified specific nerve compromise on the neurologic exam. There was no statement indicating what medical decision-making will be based upon the outcome of the requested MRI. The injured worker previously had an MRI of the lumbar spine in 2012 that was reported to be essentially "negative". The guidelines do not recommend repeat MRI routinely and there is no documentation of significant change or progression in symptoms or objective findings to warrant a repeat of the MRI. Based on the lack of documentation, the request for lumbar MRI is not medically necessary at this time.

Magnetic Resonance Imaging bilateral hips and pelvis: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip and Pelvis Chapter, MRI (magnetic resonance imaging)

Decision rationale: The Official Disability Guidelines (ODG) Hip and Pelvis Chapter specify the following: "MRI of the hip is usually impractical in the initial evaluation of a trauma patient. It is, however, the best imaging modality in detecting and assessing AVN (avascular necrosis) of the hip and in detecting non-displaced stress fractures of the femoral neck. MRI is also useful in the diagnosis of bone tumors, osteomyelitis, osteoarthritis, and congenital abnormalities of the hip joint." In the progress reports made available for review, the treating physician ordered a bilateral hip/pelvis MRI to rule out AVN. However, there was no documentation of a physical exam of the hips or any objective findings consistent with hip pathology. Therefore, due to lack of documentation, the request for an MRI of bilateral hips/pelvis is not medically necessary.