

Case Number:	CM14-0002083		
Date Assigned:	01/24/2014	Date of Injury:	07/16/2010
Decision Date:	04/22/2015	UR Denial Date:	12/13/2013
Priority:	Standard	Application Received:	01/07/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: New Jersey

Certification(s)/Specialty: Family Practice

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 41-year-old female, with a reported date of injury of 07/16/2010. The diagnoses include cervical spine sprain/strain with radicular complaints, lumbar spine sprain/strain with radicular complaints, and headaches. Treatments to date have included oral medications, an MRI of the neck, and an MRI of the low back. The orthopedic re-evaluation dated 11/27/2013 indicates that the injured worker complained of intermittent moderate neck pain, which radiates to her bilateral arms. She also had upper and lower back pain, with radiation to the bilateral lower extremities. The objective findings include tenderness to palpation about the right trapezial muscles with spasms, tenderness to palpation about the bilateral paralumbar muscles with spasms, a positive straight left raise test on the right, and decreased sensation in the right L4-5 dermatome. The treating physician requested an MRI of the cervical spine and thoracic spine, and chiropractic visits.

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 Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

Decision rationale: The MTUS ACOEM Guidelines state that for most patients presenting with true neck or upper back problems, special studies are not needed unless a 3-4 week period of conservative care and observation fails to improve symptoms. The criteria for considering MRI of the cervical spine includes: emergence of a red flag, physiologic evidence of tissue insult or neurologic dysfunction, failure to progress in a strengthening program intended to avoid surgery, looking for a tumor, and clarification of the anatomy prior to an invasive procedure. In the case of this worker, there was insufficient evidence from the documentation to support the request for a cervical MRI. No cervical or arm physical findings except for trapezial tenderness and muscle spasm were documented and the subjective report was vague and non-specific. Without any physical findings to help support the diagnosis of cervical radiculopathy, the MRI of the cervical spine is not medically necessary.

MRI OF THE THORACIC SPINE: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

Decision rationale: The MTUS ACOEM Guidelines state that for most patients presenting with true neck or upper back problems, special studies are not needed unless a 3-4 week period of conservative care and observation fails to improve symptoms. The criteria for considering MRI of the cervical spine includes: emergence of a red flag, physiologic evidence of tissue insult or neurologic dysfunction, failure to progress in a strengthening program intended to avoid surgery, looking for a tumor, and clarification of the anatomy prior to an invasive procedure. In the case of this worker, there was insufficient evidence from the documentation to support the request for a thoracic MRI. No upper back or torso physical findings except for trapezial and lumbar tenderness and muscle spasm were documented and the subjective report was vague and non-specific. Without any physical findings to help support the diagnosis of thoracic radiculopathy, the MRI of the thoracic spine is not medically necessary.

ADDITIONAL CHIROPRACTIC VISITS x4: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58-60.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines state that for musculoskeletal conditions, manual therapy & manipulation is an option to use for therapeutic

care within the limits of a suggested 6 visits over 2 weeks, with evidence of objective functional improvement, and a total of up to 18 visits over 6-8 weeks. It may be considered to include an additional 6 session (beyond the 18) in cases that show continual improvement for a maximum of 24 total sessions. The MTUS Guidelines also suggest that for recurrences or flare-ups of pain after a trial of manual therapy was successfully used, there is a need to re-evaluate treatment success, and if the worker is able to return to work then 1-2 visits every 4-6 months is warranted. Manual therapy & manipulation is recommended for neck and back pain, but is not recommended for the ankle, foot, forearm, wrist, hand, knee, or for carpal tunnel syndrome. According to the records provided, there were multiple sessions of chiropractor treatments prior to this request for an additional 4 sessions. However, there was insufficient evidence to suggest these sessions were very productive over the long-term as the reports only suggested temporary relief. Temporary passive measures such as chiropractor treatments are not a very useful strategy for chronic pain and may even lead to dependence rather than strengthening. Therefore, the chiropractor visits are not medically necessary.