

Case Number:	CM14-0170047		
Date Assigned:	12/11/2014	Date of Injury:	10/03/2013
Decision Date:	01/21/2015	UR Denial Date:	09/17/2014
Priority:	Standard	Application Received:	10/15/2014

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 Texas & Oklahoma. 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 56-year-old female with a reported injury on 10/03/2013. The mechanism of injury was reported as a trip and fall. Her diagnoses included cervical, lumbar, left wrist sprain/strain, left knee internal derangement, and left shoulder impingement syndrome. Previous treatments included physical therapy and chiropractic care. Pertinent orthopedic surgeries were not provided. Medications included naproxen. The injured worker presented with complaints of constant, severe, dull, and achy neck pain; stiffness, and cramping. Cervical spine range of motion revealed flexion to 40 degrees, extension to 50 degrees, left lateral bending to 35 degrees, right lateral bending to 35 degrees, left rotation to 65 degrees, and right rotation to 65 degrees. Lumbar spine range of motion revealed flexion to 40 degrees, extension to 15 degrees, left lateral bending to 15 degrees, and right lateral bending to 15 degrees. Left shoulder range of motion revealed flexion to 140 degrees, extension to 45 degrees, abduction to 140 degrees, adduction to 35 degrees, internal rotation to 70 degrees, and external rotation to 80 degrees. Left wrist range of motion revealed flexion to 45 degrees, extension to 50 degrees, radial deviation to 10 degrees, and ulnar deviation to 20 degrees. Left knee range of motion revealed flexion to 120 degrees with a positive McMurray's. The MRI of the cervical spine dated 04/30/2014 revealed multilevel disc desiccation at C3-4; at C4-5 there is a 1 mm central bulge with impingement of the subarachnoid space with normal cord. The MRI of the lumbar spine dated 04/30/2014 revealed multilevel facet arthropathy involving L3-4, L4-5, and L5-S1 with minimal joint effusion. At L4-5 and L5-S1 there is a 2 mm to 3 mm annular bulge with mild stenosis. The Request for Authorization for MRI of cervical spine, MRI of the lumbar spine, MRI of the left knee, and chiropractic treatment 2 to 3 x6 was submitted on 10/09/2014. The rationale for the request was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI Cervical: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

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

Decision rationale: The California MTUS/ACOEM Guidelines state that criteria for ordering imaging studies would include emergence of red flag, physiological evidence of tissue insult or neurological dysfunction, failure to progress in a strengthening program intended to avoid surgery, and clarification of anatomy prior to an invasive procedure. The clinical information provided for review lacks documentation related to a change in the injured worker's functional or neurological deficits. There is lack of documentation indicating the injured worker's reflexes, strength, or sensation and/or straight leg raise testing. There is a lack of documentation indicating the injured worker failed to progress in a strengthening program and the clinical information did not indicate the injured worker was a candidate for an invasive procedure. In addition, the injured worker had an MRI of the cervical spine in 04/2014. The rationale for a repeat MRI was not provided. Therefore, the request for MRI of the cervical is not medically necessary.

MRI Lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

Decision rationale: The California MTUS/ACOEM Guidelines state that unequivocal objective findings that identify specific nerve compromise in the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. The clinical information provided for review lacks documentation indicating the injured worker's neurological deficits to include reflexes, strength, sensation, and/or straight leg raise testing. In addition, the injured worker underwent a lumbar MRI in 04/2014. The rationale for a repeat MRI was not provided within the documentation available for review. The clinical information did not indicate that the injured worker was being considered for surgical intervention. Therefore, the request for MRI of the lumbar spine is not medically necessary.

MRI Left Knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341-343.

Decision rationale: The California MTUS/ACOEM Guidelines state that special studies are not needed to evaluate most knee complaints until after a period of conservative care and observation. The decision not to obtain a radiograph following the trauma, would include: the patient is able to walk without a limp, and patient had a twisting injury and there is no effusion. The clinical parameters for ordering the radiographs would include joint effusion within 24 hours, palpable tenderness of a fibular head or patella, and inability to walk or bear weight immediately or within a week of the trauma and inability to flex knee to 90 degrees. The clinical information provided for review lacks documentation indicating the injured worker's gait. The injured worker's knee range of motion revealed flexion to 120 degrees. There is a lack of documentation in the progression of the injured worker's functional or neurological deficits to warrant MRI. Therefore, the request for MRI left knee is not medically necessary.

Chiropractic treatment 2-3 x 6: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation Page(s): 58.

Decision rationale: The California MTUS Guidelines recommend manual therapy and manipulation for chronic pain if caused by musculoskeletal conditions. Manual therapy is widely used in the treatment of musculoskeletal pain. The intended goal or effect of manual medicine is the achievement of positive symptomatic or objective measurable gains and functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. The guidelines recommended time to produce effect is 4 to 6 treatments with a frequency of 1 to 2 times per week, and a maximum duration of 8 weeks. The clinical information provided for review indicated the injured worker previously participated in chiropractic care. There is lack of documentation indicating the therapeutic and functional benefit related to previous chiropractic care. In addition, the question as submitted failed to provide for the specific site at which the chiropractic care was being requested. The request for 12 to 18 chiropractic visits exceeds recommended guidelines. Therefore, the request for chiropractic treatment 2 to 3 x6 is not medically necessary.