

Case Number:	CM14-0188978		
Date Assigned:	11/19/2014	Date of Injury:	08/27/2007
Decision Date:	01/08/2015	UR Denial Date:	11/11/2014
Priority:	Standard	Application Received:	11/12/2014

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, 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 40 year-old male with a date of injury of August 27, 2007. The patient's industrially related diagnoses include thoracic and lumbar spine myofascial spasms with left sciatica, left foot/ankle sprain and left foot/ankle contusion. The injured worker had an MRI of the left ankle on 11/12/2012 and x-rays of the left ankle on 8/15/2014 and 5/12/2014. The disputed issues are lumbar spine MRI without contrast, 18 sessions of physical therapy, and 18 sessions of chiropractic treatment. A utilization review determination on 11/11/2014 had non-certified these requests. The stated rationale for the denial of the lumbar spine MRI was: "There is no objective documentation of radicular pain, such as a positive straight leg raise, and there are no documented positive neuralgic findings consistent with nerve compromise, such as deficits in dermatomal sensation, reflexes, or muscle strength, and no documentation of results of therapy trials to date." The stated rationale for the denial of physical therapy was: "There is no documentation of symptomatic or functional improvement from previous physical therapy sessions." Lastly, the stated rationale for the denial of chiropractic treatments was: "There is no documentation of symptomatic or functional improvement from previous chiropractic sessions."

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303, Chronic Pain Treatment Guidelines Low Back Complaints, pages 296-

297. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter.

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, MRI Topic

Decision rationale: In regard to the request for lumbar MRI, ACOEM Practice Guidelines state that unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and would consider surgery an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. ODG states that MRIs are recommended for uncomplicated low back pain with radiculopathy after at least one month of conservative therapy. In the submitted medical records available for review, there was no documentation of any objective findings that identify specific nerve compromise on the neurologic exam. In the progress report dated 9/26/2014, the treating physician documented that there were no acute neurological changes on physical examination. Additionally, there was no statement indicating what medical decision-making will be based upon the outcome of the currently requested MRI. Furthermore, there was no documentation that the injured worker has not responded to treatment. In the absence of clarity regarding those issues, the currently requested lumbar MRI is not medically necessary.

Physical therapy Qty: 18: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298, Chronic Pain Treatment Guidelines Physical Medicine Page(s): 48, 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Physical Therapy

Decision rationale: In regard to the request for physical therapy, Chronic Pain Medical Treatment Guidelines recommend a short course of active therapy with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. 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. In the submitted medical records available for review, the injured worker was already approved for post-operative physical therapy for left ankle Qty #18 9/8/2014 but has not had left ankle arthroscopic surgery yet. However, the currently requested physical therapy was for the lumbar spine and there is no evidence that the injured worker completed physical therapy for the low back. At the time of the request, there was no documentation of any specific objective treatment goals with physical therapy and no statement indicating why an independent program of home exercise would be insufficient to address any objective deficits. In fact, in the progress report date 9/26/2014, the treating physician recommended home exercises as part of

the treatment plan. Furthermore, the request exceeds the amount of PT recommended by the CA MTUS (9-10 sessions) and unfortunately, there is no provision for modification of the current request. In the absence of such documentation, the current request for 18 visits of physical therapy is not medically necessary.

Chiropractic treatments Qty: 18: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 58-60.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 58-60.

Decision rationale: In regard to the request for chiropractic care, Chronic Pain Medical Treatment Guidelines support the use of chiropractic care for the treatment of chronic pain caused by musculoskeletal conditions. In the submitted medical records available for review, the treating physician documented subjective complaints of increased muscle spasms and tightness over the back with positive findings of tenderness and spasms over the low back. In the documentation, there was no indication of previous chiropractic treatments. Therefore, chiropractic care is an option in the case of this injured worker. However, the guidelines specify for an initial trial of up to 6 visits and only with evidence of objective functional improvement, can further session be supported. The current request for 18 visits exceeds the recommended amount by the CA MTUS, and unfortunately, there is no provision for modification of the current request. In light of these issues, the currently requested chiropractic treatment x 18 is not medically necessary.