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| Case Number: | CM14-0190354 | | |
| Date Assigned: | 11/21/2014 | Date of Injury: | 09/26/2008 |
| Decision Date: | 01/13/2015 | UR Denial Date: | 10/29/2014 |
| Priority: | Standard | Application Received: | 11/14/2014 |

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 Occupational 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic elbow and low back pain reportedly associated with an industrial injury of September 26, 2008. In a Utilization Review Report dated November 14, 2014, the claims administrator did not approve requests for cervical MRI imaging, lumbar MRI imaging, and 12 sessions of chiropractic manipulative therapy for the cervical and lumbar spines reportedly sought on a September 23, 2014 progress note. In a handwritten note dated August 29, 2014, the applicant's treating provider, an orthopedic surgeon, stated that the applicant had multifocal complaints of low back pain. It was stated that the applicant was improving with manipulative therapy. Cervical MRI imaging and lumbar MRI imaging were sought. A rather proscriptive 20-pound lifting limitation was also endorsed. The applicant exhibited tenderness and limited range of motion noted about the cervical and lumbar spines. Tenderness was noted about the trapezius and rhomboid muscles, it was further noted. It was not readily apparent whether the applicant was or was not working with limitations in place. In an earlier note dated August 22, 2014, the attending provider sought authorization for 12 sessions of chiropractic manipulative therapy, MRI imaging of the cervical spine, MRI imaging of the lumbar spine owing to reportedly worsening neck pain, low back pain, and associated muscle tightness. It was stated that the applicant did have numbness and tingling involving the left upper extremity. The note was very difficult to follow and not entirely legible. In a handwritten note dated October 24, 2014, the applicant was again placed off of work, on total temporary disability, owing to heightened complaints of neck and low back pain. Twelve sessions of physical therapy and MRI imaging of the cervical spine were sought. On October 30, 2014, the applicant was again placed off of work, on total temporary disability, while MRI imaging of cervical spine was sought. In a September 22, 2014 progress note, the applicant was reporting difficulty performing activities of daily living

owing to heightened complaints of neck and low back pain. MRI imaging of cervical spine, MRI imaging of lumbar spine, and 12 sessions of chiropractic manipulative therapy were sought. The applicant again exhibited muscle spasms about the lumbar and paraspinal regions.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI, Cervical Spine, per 09/23/14 Form Qty. 1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disabilities Guidelines

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): Table 8-8, page 182.

Decision rationale: While the MTUS Guideline in ACOEM Chapter 8, Table 8-8, page 182 does acknowledge that MRI or CT imaging of the cervical spine is "recommended" to validate diagnosis of nerve root compromise, based on clear history and physical exam findings, in preparation for an invasive procedure, in this case, however, the applicant's presentation was not suggestive of nerve root compromise pertaining to the cervical spine and/or upper extremities. The applicant was consistently described on the bulk of the office visits, referenced above, as exhibiting paraspinal tenderness, trapezius tenderness, and rhomboid tenderness. The applicant's presentation, thus, was suggestive of myofascial/muscular pain as opposed to radicular pain/nerve root compromise. There was, furthermore, neither an explicit statement (nor an implicit expectation) that the applicant would act on the results of the proposed cervical MRI and/or consider surgical intervention involving the cervical spine. Therefore, the request is not medically necessary.

MRI, Lumbar Spine, per 09/23/14 Form Qty. 1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disabilities Guidelines

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 304.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 12, page 304, imaging studies should be reserved for cases in which surgery is being considered or red-flag diagnoses are being evaluated. In this case, there was neither an explicit statement (nor an implicit expectation) that the applicant would act on the results of the proposed lumbar MRI and/or consider surgical intervention involving the same. As with the cervical MRI request, the applicant's presentation was more suggestive of myofascial/muscular pain as opposed to radicular pain/nerve root compromise. Therefore, the request is not medically necessary.

Chiropractic Services Twice Weekly for 6 Weeks, Cervical/Lumbar Spine, per 09/23/14 Form Qty. 12: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58, 59, 60.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation topic Page(s): 59-60.

Decision rationale: While pages 59 and 60 of the MTUS Chronic Pain Medical Treatment Guidelines support up to 24 sessions of chiropractic manipulative therapy in applicants who demonstrate treatment success by achieving and/or maintaining successful return to work status, in this case, however, the applicant is off of work, on total temporary disability, despite having had extensive prior manipulative treatment over the course of the claim. Therefore, the request is not medically necessary.