

Case Number:	CM14-0205147		
Date Assigned:	12/17/2014	Date of Injury:	08/04/2014
Decision Date:	02/04/2015	UR Denial Date:	11/11/2014
Priority:	Standard	Application Received:	12/08/2014

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 Rehab, has a subspecialty in Pain Medicine, Spinal Cord Medicine and is licensed to practice in Maine. 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 claimant has a history of a work injury occurring on 08/04/14 and is being treated for low back pain. He was seen by the requesting provider on 10/02/14. The note is handwritten and poorly legible. He was having low back pain. There were consistent measurements of grip strength. He had a positive straight leg raise. Authorization for physical therapy, chiropractic treatment, acupuncture, computerized range of motion and muscle testing was requested, and for a lumbar spine MRI were requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physiotherapy - Diathemy, Massage, EMS and ultrasound 3 wk 5: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, Pain, Suffering, and the Restoration of Function Chapter, Page 114 and ODG, Low Back Chapter and <http://www.odg-twc.com/preface.htm#PhysicalTherapyGuidelines>

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter 2: General Approach to Initial Assessment and Documentation, p24.

Decision rationale: The claimant is status post work-related injury and is being treated for low back pain. He was seen by the requesting provider approximately two months after injury. Guidelines recommend review of the results of previous tests, treatments, and procedures during the initial assessment of an injured worker. In this case, the claimant's response to prior treatments is not documented and therefore the requested physical therapy treatment is not medically necessary.

Chiropractic Treatment 1 wk 5: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-299, Chronic Pain Treatment Guidelines Neck and Upper Back Complaints Chapter Page(s): 173.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: ACOEM Chapter 2: General Approach to Initial Assessment and Documentation, p24.

Decision rationale: The claimant is status post work-related injury and is being treated for low back pain. He was seen by the requesting provider approximately two months after injury. Guidelines recommend review of the results of previous tests, treatments, and procedures during the initial assessment of an injured worker. In this case, the claimant's response to prior treatments is not documented and therefore the requested chiropractic treatment is not medically necessary.

MRI Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303 and 304. Decision based on Non-MTUS Citation ODG, Low Back Chapter and AMA Guides, 5th Edition, page 382-383

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back-Lumbar & Thoracic (Acute & Chronic), MRIs (magnetic resonance imaging): Indications for imaging.

Decision rationale: The claimant is status post work-related injury and is being treated for low back pain. He was seen by the requesting provider approximately two months after injury. Applicable criteria for obtaining an MRI would include a history of trauma with neurological deficit and when there are 'red flags' such as suspicion of cancer or infection or when there is radiculopathy with severe or progressive neurologic deficit. In this case, there is no identified new injury. There are no identified 'red flags' or radiculopathy with severe or progressive neurologic deficit that would support the need for obtaining an MRI scan which therefore was not medically necessary.

Computerized ROM of the cervical spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Low Back Chapter

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back-Lumbar & Thoracic (Acute & Chronic), Range of motion (ROM).

Decision rationale: The claimant is status post work-related injury and is being treated for low back pain. He was seen by the requesting provider approximately two months after injury. Guidelines address range of motion which should be a part of a routine musculoskeletal evaluation. In this case, the claimant's primary treating provider would be expected to be able to measure strength and flexibility of the upper extremities. Therefore the requested computerized testing was not medically necessary.

Acupuncture 2 Wk 5: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: ACOEM Chapter 2: General Approach to Initial Assessment and Documentation, p24.

Decision rationale: The claimant is status post work-related injury and is being treated for low back pain. He was seen by the requesting provider approximately two months after injury. Guidelines recommend review of the results of previous tests, treatments, and procedures during the initial assessment of an injured worker. In this case, the claimant's response to prior treatments is not documented and therefore the requested acupuncture treatment is not medically necessary.