

Case Number:	CM14-0206356		
Date Assigned:	12/18/2014	Date of Injury:	11/15/2013
Decision Date:	02/05/2015	UR Denial Date:	11/24/2014
Priority:	Standard	Application Received:	12/09/2014

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 Family Practice and is licensed to practice in New Jersey. 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 worker is a 48 year old male who was injured on 11/15/2013 falling from an elevated forklift, landing on his left side. He was diagnosed with lumbar facet arthropathy, lumbar disc syndrome, radicular neuralgia of the legs, right hip strain/strain, headache, left shoulder sprain/strain, right shoulder sprain/strain, shoulder joint pain, subacromial bursitis, left rib sprain/strain, intercostal neuralgia, left ankle sprain/strain, and cervical radiculopathy. He was treated with chiropractor treatments (12 completed), physical therapy, and medications. MRI of the cervical spine from 5/21/14 showed dehiscence of the nucleus pulposus of the C4-5, C5-6, and C6-7 levels without any stenosis or foraminal narrowing and normal articular facets on all levels. MRI of the lumbar spine from 5/23/14 showed dehiscence of the nucleus pulposus with a disc bulge at the L5-S1 level with minimal decrease in AP sagittal diameter of the canal exacerbated by bilateral thickening of the ligamentum flavum and mild thickening of the articular facets bilaterally. On 10/30/2014, the worker was seen by his primary treating provider (chiropractor), reporting low back pain with pain that extended into his left hip and down the left knee, pain in the right hip with associated right leg pain, neck pain, headaches, left shoulder pain with radiation to left arm/hand, and left ankle/foot pain. Physical examination findings included positive Kemp's test, positive Milgram's test, positive straight leg raise, tenderness of the lumbar spine, piriformis tenderness, cervical spine tenderness, and negative cervical compression test. He was then recommended an additional 12 sessions of chiropractor treatments and neurodiagnostic testing of the bilateral upper and lower extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional chiropractic treatment 2x6: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints Page(s): 173, 298-301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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. In the case of this worker, who had completed 12 sessions of chiropractor treatments with some reported success, according to the provider, but with persistent symptoms reported by the worker, the request for additional sessions cannot be justified based on the evidence provided for review. There was insufficient reporting of the functional and pain reducing benefits of the previous sessions completed in the documentation to help the reviewer assess for medical necessity. Therefore, without this evidence of benefit, additional chiropractor treatments will be considered medically unnecessary.

Neurodiagnostic testing of the bilateral upper and lower extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints Page(s): 177-178. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 13 Knee Complaints Page(s): 303-305.

Decision rationale: The MTUS ACOEM Guidelines for neck and arm/wrist complaints suggests that most patients do not require any special studies unless a 3-4 week period (for neck) or 4-6 period (for wrist) of conservative care and observation fails to improve symptoms. When the neurologic examination is less clear or if nerve symptoms worsen, EMG and NCV tests may be considered to help clarify the cause of neck or arm symptoms. The MTUS ACOEM Guidelines also state that for lower back complaints, nerve testing may be considered when the neurological examination is less clear for symptoms that last more than 3-4 weeks with conservative therapy. In the case of this worker, he had completed MRI of the cervical and lumbar spines a few months prior to this request. The cervical spine MRI showing no significant abnormalities and the

lumbar spine showing mild narrowing of the canal, but no obvious impingement. Physical examination findings at the time of the request did not suggest any signs of neurologic compromise, and seemed to be incomplete. Therefore, it is not clear that there is a good reason for neurodiagnostic testing, based on the documentation provided for review. Therefore, at this time, the bilateral upper and lower neurodiagnostic testing will be considered medically unnecessary.