

Case Number:	CM14-0209131		
Date Assigned:	12/22/2014	Date of Injury:	01/01/1996
Decision Date:	02/13/2015	UR Denial Date:	12/02/2014
Priority:	Standard	Application Received:	12/15/2014

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 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:

This individual is a 39 y/o male who has developed a widespread chronic pain syndrome subsequent to an injury dated 1/1/96. He has pan spinal pain affecting the cervical, thoracic and lumbar regions. He has facial, chest and extremity pain. There are no recent objective changes in his neurological status. He has had prior cervical and lumbar MRI and no overt neurological compromise is reported in the medical records reviewed. He also has had extensive conservative care including physical therapy and at least 11 sessions of chiropractic. The stated rationale for repeat MRI studies is to evaluate for further disc bulges.

IMR ISSUES, DECISIONS AND RATIONALES

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

Twelve traction to cervical and lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 12 Low Back Complaints (2007), page 146-7.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173, 174/ 300.

Decision rationale: MTUS Guidelines give tepid support to a possible trial of cervical traction, but the Guidelines clearly do not support lumbar traction and its use is not recommended. There

are no unusual circumstances to justify an exception to Guidelines. The request for 12 sessions of traction to the cervical and lumbar spine is not consistent with Guidelines and is not medically necessary.

MRI of cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 182. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and upper back, Magnetic Resonance Imaging.

Decision rationale: MTUS Guidelines do not recommend MRI imaging of the neck unless there is persistent clear evidence of neurological compromise, red flag conditions or is thought to be necessary to plan for an invasive procedure. ODG Guidelines are consistent with these standards and do not recommend repeat MRI scans without clear-cut changes in the clinical presentation. The request for the cervical MRI does not meet any of these standards and is not medically necessary.

MRI of Lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Magnetic Resonance Imaging.

Decision rationale: MTUS Guidelines do not recommend MRI imaging of the low back unless there is persistent clear evidence of neurological compromise, red flag conditions or is thought to be necessary to plan for an invasive procedure. ODG Guidelines are consistent with these standards and do not recommend repeat imaging without clear evidence of a change in the patient's condition. The request for the lumbar MRI does not meet any of these standards and is not medically necessary.

Twelve Chiropractic manipulation visits for cervical and lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 12 Low Back Complaints (2007), page 53.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy Page(s): 58,59.

Decision rationale: MTUS Guidelines do not recommend continued Chiropractic care if an initial 6 sessions does not result in clear functional improvements. This individual has completed at least 11 sessions of previous Chiropractic and no functional changes are noted. The request for an additional 12 sessions of Chiropractic is not consistent with Guidelines and is not medically necessary.