

<b>Case Number:</b>	CM15-0001917		
<b>Date Assigned:</b>	01/12/2015	<b>Date of Injury:</b>	06/19/2013
<b>Decision Date:</b>	03/13/2015	<b>UR Denial Date:</b>	12/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/06/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Orthopedic Surgery, Sports Medicine

### 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 61-year-old male who reported an injury on 06/19/2013. The mechanism of injury involved repetitive activity. The current diagnoses include wrist arthralgia, carpal tunnel syndrome, and lumbar myofascial sprain/strain. It is noted that the injured worker is status post bilateral carpal tunnel release. The injured worker presented on 11/03/2014 with complaints of persistent lower back pain. Previous conservative treatment is noted to include anti-inflammatory medication and physical therapy. The current medication regimen includes Norco 10/325 mg and Vistaril 50 mg. Upon examination of the lumbar spine, there was an antalgic gait, normal posture, positive lumbar paravertebral muscle tenderness, 50 degree flexion, 20 degree extension 15 to 30 degree left and right lateral bending and rotation, negative straight leg raising, 2+ deep tendon reflexes, intact sensation, and 5/5 motor strength. Recommendations included an MRI of the lumbar spine and a request for acupuncture for the lumbar spine. There was no Request for Authorization form submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI of the lumbar spine QTY: 1.00:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines -Low Back

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

**Decision rationale:** California MTUS/ACOEM Practice Guidelines state if physiologic evidence indicates tissue insult or nerve impairment, the practitioner can discuss with a consult the selection of an imaging test. According to the documentation provided, there was no evidence of a significant musculoskeletal or neurological deficit upon examination. Therefore, the medical necessity has not been established in this case. As such, the request is not medically appropriate at this time.

**Chiropractic treatment 2-3 times a week for the low back QTY: 18.00:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58.

**Decision rationale:** California MTUS Guidelines recommend manual therapy and manipulation for chronic pain if caused by a musculoskeletal condition. Treatment for the low back is recommended as a therapeutic trial of 6 visits over 2 weeks. The current request for 18 sessions of chiropractic therapy greatly exceeds guideline recommendations. As such, the request is not medically appropriate.