

Case Number:	CM15-0007187		
Date Assigned:	01/26/2015	Date of Injury:	12/08/2012
Decision Date:	03/20/2015	UR Denial Date:	01/08/2015
Priority:	Standard	Application Received:	01/13/2015

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: Physical Medicine & Rehabilitation

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 31 year old female who sustained an industrial injury on December 8, 2012. She has reported neck and lower back pain and has been diagnosed with cervical radiculopathy, cervical disc herniations with neural foraminal narrowing, cervical facet arthropathy, thoracic sprain/strain, and lumbar radiculopathy. Treatment has included medical imaging, medications, physical therapy, chiropractic therapy, acupuncture, and epidural steroid injections with relief. Currently the injured worker complains of aching pain at the base of the neck which radiates to her right upper extremities. There was also pain to the mid and low back. The treatment plan included follow up, neurology consultation, and medical imaging. On January 8, 2015 Utilization Review non certified 6 chiropractic manipulation visits and Magnetic Resonance Imaging (MRI) of the lumbar spine citing the MTUS and ACOEM guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 Chiropractic Manipulation visits: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and manipulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58-59.

Decision rationale: The 32 year old patient presents with increasing neck and low back pain along with numbness and tingling in her hand, as per progress report dated 12/08/14. The request is for 6 CHIROPRACTIC MANIPULATION VISITS. There is no RFA for this case, and the patient's date of injury is 12/08/12. The patient's neck and mid back pain is rated at 8/10 while her low back pain is rated at 7/10, as per progress report dated 12/08/14. Diagnoses includes cervical radiculopathy, cervical disc herniations with neural foraminal narrowing, cervical facet arthropathy, thoracic sprain/strain, and lumbar radiculopathy. Medications, as per progress report dated 12/08/14, include Nucynta, Flexeril and Lidoderm patches. The patient is not working, as per the same progress report. MTUS guidelines, pages 58-59, allow up to 18 sessions of treatments following initial trial of 3-6 if functional improvements can be documented. In this case, the patient suffers from increasing neck and lower back pain. The treater is requesting for 6 sessions of chiropractic treatment. However, in progress report dated 12/08/14, the treater states that the patient has already received 20 sessions of chiropractic therapy which provided "temporary good relief." The progress reports do not document specific reduction in pain or improvement in function due to prior therapy, as required by MTUS. Additionally, the guidelines only allow for 18 sessions. Hence, the treater's request for 6 additional sessions appears excessive and is not medically necessary.

1 MRI of the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 53, 299-303.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178. Decision based on Non-MTUS Citation Low back chapter, MRI

Decision rationale: The 32 year old patient presents with increasing neck and low back pain along with numbness and tingling in her hand, as per progress report dated 12/08/14. The request is for 1 MRI of the lumbar spine. There is no RFA for this case, and the patient's date of injury is 12/08/12. The patient's neck and mid back pain is rated at 8/10 while her low back pain is rated at 7/10, as per progress report dated 12/08/14. Diagnoses includes cervical radiculopathy, cervical disc herniations with neural foraminal narrowing, cervical facet arthropathy, thoracic sprain/strain, and lumbar radiculopathy. Medications, as per progress report dated 12/08/14, include Nucynta, Flexeril and Lidoderm patches. The patient is not working, as per the same progress report. ACOEM Guidelines, chapter 8, page 177 and 178, state "unequivocal objective findings that identify specific nerve compromise on the neurological examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option." ODG Guidelines, chapter Lower back 'Lumbar & Throacic (Acute & Chronic)' and topic 'Magnetic resonance imaging (MRIs)', do not support MRIs unless there are neurologic signs/symptoms present. Repeat MRI's are indicated only if there has been progression of neurologic deficit. In this case, the patient suffers from chronic low back pain. MRI of the lumbar spine dated 05/07/13 revealed mild loss of posterior intervertebral disc height at L4-5 and L5-S1 along with central posterior disc protrusion and bilateral paracentral extension.

In progress report dated 11/17/14, the treater states that neither prior MRI report nor films were provided for review, and hence, requests for an updated lumbar MRI. However, ODG guidelines, allow for repeat MRIs only "if there has been progression of neurologic deficit." There are no red flags and the patient is not post-op and does not present with a new injury to warrant a new set of MRI's. Hence, this request is not medically necessary.