MAXIMUS Federal Services

Case Number:	CM15-0009993		
Date Assigned:	01/27/2015	Date of Injury:	11/17/2010
Decision Date:	03/17/2015	UR Denial Date:	12/29/2014
Priority:	Standard	Application Received:	01/16/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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 45 year old female, who sustained an industrial injury on November 17, 2010. She has reported low back pain. The diagnoses have included lumbosacral or thoracic neuritis or radiculitis, lumbar degenerative disc disease and lumbosacral/joint/ligament sprain/strain. Treatment to date has included medications, heating pad, physical therapy and TENS trial. Currently, the injured worker complains of low back pain with bending, prolonged sitting, lifting or twisting. The pain is localized to the middle and right side of her back. She noted intermittent numbness of her right leg. The TENS trial reduced pain to a 5 on a 1-10 pain scale. Her muscles were more relaxed and range of motion increased. There was no improvement with physical therapy. On December 29, 2014 Utilization Review non-certified 12 chiropractic sessions and MRI of the lumbar spine, noting the Medical Treatment Utilization Schedule, American College of Occupational and Environmental Medicine and Official Disability Guidelines. On January 16, 2015, the injured worker submitted an application for Independent Medical Review for review of 12 chiropractic sessions and MRI of the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic treatment for lumbar spine x 12 sessions: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Low back section, Chiropractic manipulation

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, chiropractic (manipulation) to the lumbar spine times 12 sessions is not medically necessary. Medical evidence shows good outcomes from the use of manipulation in acute low back pain without radiculopathy. If manipulation has not resulted in functional improvement in the first one or two weeks it should be stopped and the patient reevaluated. The Official Disability Guidelines enumerate the chiropractic guidelines. For mild symptoms up to six visits over two weeks. For severe symptoms, a trial of six visits over two weeks; with evidence of objective functional improvement, a total of up to 18 visits over 6 to 8 weeks may be indicated if acute. Avoid chronic treatment. Elective/maintenance care is not medically necessary. Recurrences/flare-ups-need to re-evaluate treatment success. If the injured worker returned to work and wanted to visit every 4 to 6 months when there is evidence of significant functional limitations on examination that are likely to respond to repeated chiropractic care. In this case, the injured worker's working diagnoses are lumbosacral or thoracic neuritis or radiculitis, unspecified; lumbar DDD; lumbar sprain/strain; and sacroiliac ligament sprain/strain. Subjectively, the injured worker complains of low back pain with bending, prolonged sitting and lifting. Pain initially radiated to the right leg but now is localized to the middle and right side of the back. Objectively, there is tenderness to palpation over the right paraspinal muscle groups and right SI joint. Range of motion is limited in all planes due to pain. There are no radicular symptoms or signs on physical examination. The date of injury is November 19, 2010. The injured worker was provided with medications, heat/ice and x-rays that were performed in 2010. The injured worker had a course of physical therapy post injury but had little improvement after six sessions. An MRI has not been done to date. Current provider reports x-rays are unavailable for review. The documentation does not state whether old records were requested and reviewed for additional information. The treating physician requested 12 sessions of chiropractic manipulation to the lumbar spine. The guidelines recommend a trial of six visits over two weeks. With evidence of objective functional improvement total of 18 visits over 6 to 8 weeks may be indicated. The treating physician exceeded the recommended guidelines in his request. Consequently, absent clinical documentation with adherence to the recommended guidelines, chiropractic to the lumbar spine times 12 sessions 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. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Procedure Summary

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Low back section, MRI

Decision rationale: Pursuant to the Official Disability Guidelines, MRI lumbar spine is not medically necessary. MRIs of the test of choice for patients with prior back surgery, but for uncomplicated low back pain, with radiculopathy, not recommended until at least one month conservative therapy, sooner if severe or progressive neurologic deficit. Repeat MRI is not routinely recommended and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (e.g., tumor, infection, fracture, neurocompression, recurrent disc herniation). The Official Disability Guidelines enumerate the indications for magnetic resonance imaging. For details see the Official Disability Guidelines. In this case, the injured worker's working diagnoses are Lumbosacral or thoracic neuritis or radiculitis, unspecified; lumbar DDD; lumbar sprain/strain; and sacroiliac ligament sprain/strain. Subjectively, the injured worker complains of low back pain with bending, prolonged sitting and lifting. Pain initially radiated to the right leg but now is localized to the middle and right side of the back. Objectively, there is tenderness to palpation over the right paraspinal muscle groups and right SI joint. Range of motion is limited in all planes due to pain. The are no radicular symptoms or signs on physical examination. The date of injury is November 19, 2010. The injured worker was provided with medications, heat/ice and x-rays that were performed in 2010. The injured worker had a course of physical therapy post injury but had little improvement after six sessions. An MRI has not been done to date. Current provider reports x-rays are unavailable for review. The documentation does not state whether old records were requested and reviewed for additional information. The documentation does not contain evidence of a neurologic deficit (subjectively or objectively) or red flags. Consequently, absent clinical documentation to support an MRI with persistent neurologic deficit or red flags, MRI lumbar spine is not medically necessary.