

Case Number:	CM15-0100850		
Date Assigned:	06/03/2015	Date of Injury:	11/01/2011
Decision Date:	07/09/2015	UR Denial Date:	05/06/2015
Priority:	Standard	Application Received:	05/26/2015

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: Emergency 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:

This 43 year old male sustained an industrial injury on 11/01/11. He subsequently reported back pain. Diagnoses include lumbar and thoracic spine strain/ sprain and right knee chondromalacia. Treatments to date include x-ray and MRI testing, modified work duty, surgery, injections, physical therapy and prescription pain medications. The injured worker continues to experience mid and low back pain. Upon examination, there is positive hypertrophy and spasms at the left thoracic spine. There is positive straight leg raise on the right, Mechanical back pain was noted with lateral bend and rotation, left greater than right. A request for MRI of the thoracic spine and Chiropractic treatment 2 x 4 for the thoracic and lumbar spine was made by the treating physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the thoracic spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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

Decision rationale: As per ACOEM guidelines, indications for upper back imaging include "red flag" findings, physiological evidence of neurological or physiological dysfunction, failure to progress in strengthening program and pre-invasive procedure. The documentation does not support any indication for imaging. There is no documentation of prior conservative care. There is no documentation of worsening symptoms. The neurological exam was benign. MRI of thoracic spine is not medically necessary.

Chiropractic treatment 2 x 4 for the thoracic and lumbar spine: 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 and manipulation Page(s): 58-59.

Decision rationale: As per MTUS Chronic pain guidelines, a trial of chiropractic needs to be done with documentation of objective improvement in pain and function before additional sessions may be recommended. Patient has completed at least 2 prior sessions with no documentation of any improvement. Requested sessions needed for completion of trial. Due to lack of efficacy of prior sessions and excessive sessions requested, chiropractic is not medically necessary.