

Case Number:	CM15-0139144		
Date Assigned:	07/29/2015	Date of Injury:	07/24/2014
Decision Date:	09/18/2015	UR Denial Date:	06/09/2015
Priority:	Standard	Application Received:	07/17/2015

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: Preventive Medicine, Occupational 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 31year-old female who sustained an industrial injury on 7/24/2014 resulting in headaches, bilateral shoulder pain, and pain in the neck, right hip, upper back, and lower back. She was diagnosed with cervical sprain or strain, lumbar sprain or strain, cervical and thoracic subluxation, and lumbar subluxation. Cervical MRI 12/5/2014 noted mild degenerative changes. Documented treatment has included heat, ice, TENS unit which she has stated helps with pain, 12 chiropractic sessions, trigger point injections with no improvement, acupuncture, capsaicin cream from which she developed a skin reaction, and medication for her headaches. The injured worker continues to present with neck, upper back and shoulder pain, which she states impact her ability to function or sit for more than 15 minutes. The primary treating provider's progress note, dated 7/1/2015, reported improved pain and sleep but continued pain in lower back causing difficulty sleeping, sitting and walking. Exam showed improved cervical range of motion, decreased trapezius spasms, muscle spasms L1 through L5, decreased lumbar range of motion, and increased strength in legs. The treating physician's plan of care includes MRI of the cervical and lumbar spine, 6 additional sessions of chiropractic therapy, and purchase of a pillow. She is on work restrictions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic therapy for the cervical spine, lumbar spine and bilateral shoulders, quantity: 6 sessions: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment, Chapter 5 Cornerstones of Disability Prevention and Management, Chapter 8 Neck and Upper Back Complaints Page(s): Chp 3 pg 48-9; Chp 5 pg 86; Chp 8 pg 173, 181; Chp 12 pg 298-300, 306, 308, Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58-60.

Decision rationale: Multiple studies have shown that manipulation is an effective therapy in acute and chronic spinal conditions. Manipulation is a passive treatment. Its use in chronic conditions, as required by the MTUS guidelines, necessitates documentation of functional improvement, that is, improvement in activities of daily living or a reduction in work restrictions. The MTUS recommends a trial of 6 visits over two weeks and, if effective, then continued therapy to a total of 18 visits. It is important to note that many studies have shown that the longer a patient has pain the less likely therapy will be effective and that manipulation effectiveness decreases over time. Additionally, chiropractic treatments, as with active therapies such as physical therapy, require fading of treatment frequency along with home, self-directed exercises. Initial chiropractic therapy for this patient did decrease the patient's pain and improve function. It is appropriate to continue this therapeutic modality up to the MTUS maximum of 18 total visits. She has had 12 visits to date. Medical necessity for 6 further chiropractic sessions has been established and therefore is medically necessary.

MRI (Magnetic Resonance Imaging) of the cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 19, 16.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 1 Prevention, Chapter 8 Neck and Upper Back Complaints Page(s): Chp 1 pg 2; Chp 8 pg 165, 169-72, 177-8, 182, 184-8. Decision based on Non-MTUS Citation American College of Radiology, Appropriateness Criteria for the Imaging of Chronic Neck Pain, Revised 2013.

Decision rationale: Magnetic Resonance Imaging (MRI) scans are medical imaging studies used in radiology to investigate the anatomy and physiology of the body in both healthy and diseased tissues. It is used to assess the body by clarifying the anatomy of the region tested. It can identify acute injuries (eg fractures, dislocations, and infections), mechanical injuries (ligament or tendon strains), degenerative disorders (arthritis, tendinitis) or masses, tumors or cysts. It does not show function, only anatomy. When the history is non-specific for nerve compromise but conservative treatment has not been effective in improving the patient's symptoms, electromyography (EMG) and nerve conduction velocity (NCV) studies are recommended before having a MRI done. This patient has vague symptomatology suggestive of cervical etiology. However, the documented examination is very non-specific for support of a diagnosis of nerve compromise and prior

cervical MRI did not describe any nerve impingement. Conservative treatment has not resolved the symptoms although it has improved them. Electrodiagnostic exams should be considered before proceeding to a cervical MRI. Considering all the above information, medical necessity for a cervical MRI has not been established and therefore is not medically necessary.

MRI (Magnetic Resonance Imaging) of the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 19, 16.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-4, 309. Decision based on Non-MTUS Citation American College of Radiology, and Appropriateness Criteria for the Imaging of Lower Back Pain, Revised 201.

Decision rationale: Magnetic Resonance Imaging (MRI) scans are medical imaging studies used in radiology to investigate the anatomy and physiology of the body in both healthy and diseased tissues. MRIs of the lower back are indicated in acute injuries with associated "red flags", that is, signs and symptoms suggesting acutely compromised nerve tissue. In chronic situations the indications rely more on a history of failure to improve with conservative therapies, the need for clarification of anatomy before surgery, or to identify potentially serious problems such as tumors or nerve root compromise. When the history and/or exam are non-specific for nerve compromise but conservative treatment has not been effective in improving the patient's symptoms, electromyography (EMG) and nerve conduction velocity (NCV) studies are recommended before having a MRI done. This patient does meet the criteria of prolonged or persistent symptoms as her injury occurred over 3 months ago. However, her signs and symptoms are non-specific, there are no "red flags" and an EMG/NCV study has not been done. At this point in the care of this individual a MRI of the lower back is not indicated. Medical necessity for this procedure has not been established and therefore is not medically necessary.

Pillow purchase, quantity: 1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Neck and Upper Back (Acute & Chronic) - Pillow.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back: Pillow & Neck.

Decision rationale: An orthopedic pillow is a pillow designed to correct body positioning in bed or while lying/sitting on any other surface. It is designed to conform to orthopedic guidelines to ensure the right placement and support of one or more specific parts of the body and to provide safe and healthy rest. The Official Disability Guidelines (TM) does recommend the use of a neck support pillow while sleeping but notes it should be used in conjunction with daily exercise. However, there is no indication from the documentation in the patient's medical

records that she has worsening neck pain with sleeping. Instead the most recent provider note indicated the patient actually has less neck pain resulting in improved sleep. Her low back pain is causing interrupted sleep but there is no medical evidence or clinical guidelines that recommend a pillow to affect that pain or improve sleep. A lumbar pillow is a half-moon shaped pillow used at the lower back to comfort and relieve lower back (lumbar) pain and keep a correct sitting-down position. The provider's note does not document this is the type of pillow needed by this patient. At this point in the care of this patient medical necessity for use of this modality has not been established and therefore is not medically necessary.