

Case Number:	CM15-0141793		
Date Assigned:	08/03/2015	Date of Injury:	03/11/2015
Decision Date:	09/02/2015	UR Denial Date:	06/18/2015
Priority:	Standard	Application Received:	07/21/2015

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: Texas, New York, 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 applicant is a represented 54-year-old who has filed a claim for neck, mid back, low back, and shoulder pain reportedly associated with an industrial injury of March 11, 2015. In a separate Utilization Review report of June 19, 2015, the claims administrator partially approved a request for 18 sessions of chiropractic manipulative therapy for lumbar spine as six sessions of the same while failing to approve a request for lumbar MRI imaging. Progress notes of May 20, 2015 and June 9, 2015 were seemingly referenced in the determination. The applicant's attorney subsequently appealed. On June 26, 2015, Norco, Soma, Ambien, and computerized range of motion testing were sought while the applicant was seemingly placed off of work. The applicant had not worked in sometime, the treating provider reported. In a handwritten note dated June 25, 2015, the applicant was asked to remain off of work. Lumbar MRI imaging and shoulder MRI imaging were sought. The note was very difficult to follow, not altogether legible. The applicant did apparently report low back, knee pain, and ankle pain. The applicant's low back pain was apparently described as radiating, although this was not expounded upon. On June 10, 2015, the applicant reported ongoing complaints of low back pain. The applicant was off of work. The applicant was on Norco and Motrin, it was reported. Radiation of pain to the left leg was reported. Positive straight leg raising was appreciated. 18 sessions of manipulative therapy were sought. On May 20, 2015, the applicant reported complaints of neck pain and headaches. The applicant was placed off of work, on total temporary disability. Cervical MRI imaging was sought on this date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic treatment, Lumbar Spine, 2-3 times wkly for 6 wks, 12-18 sessions as outpatient: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & manipulation.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 299; 308.

Decision rationale: No, the request for 12 to 18 sessions of chiropractic manipulative therapy was not medically necessary, medically appropriate, or indicated here. The request in question was initiated on June 10, 2015, i.e., before the applicant's low back pain complaints entered the chronic pain phase of the claim. The ACOEM Practice Guidelines were therefore applicable. The MTUS Guideline in ACOEM Chapter 12, Table 12-8, page 308 notes that manipulation for applicants with undiagnosed neurologic deficits is deemed "not recommended." The applicant presented on June 10, 2015 reporting complaints of low back pain radiating into the leg, reportedly severe, sharp, and throbbing. Performed manipulative therapy was not indicated, given the fact that the applicant's neurologic deficits had not been diagnosed, quantified, or identified. The MTUS Guideline in ACOEM Chapter 12, page 299 also notes that, if manipulation does not bring improvement in three to four weeks, it should be stopped and the applicant reevaluated. Here, the request for six weeks of manipulative therapy, thus, ran counter to the injunction set forth in the MTUS Guideline in ACOEM Chapter 12, page 299 to cease manipulation after three to four weeks if manipulation failed to generate a positive result. The request, thus, as written, was at odds with the MTUS Guideline in ACOEM Chapter 12, page 299 and with the MTUS Guideline in ACOEM Chapter 12, Table 12-8, and page 308. Therefore, the request is not medically necessary.

MRI (magnetic resonance imaging), Lumbar with no contrast, as outpatient: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): table 12-8.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 296.

Decision rationale: Conversely, the proposed lumbar MRI was medically necessary, medically appropriate, and indicated here. While the MTUS Guideline in ACOEM Chapter 12, Table 12-4, page 296 does acknowledge that imaging studies for lumbar radiculopathy are not indicated for four to six weeks unless compression severe or progressive, here, however, the request in question was initiated approximately somewhere between two and three months removed from the date of injury. The applicant was described on June 10, 2015 as having ongoing complaints of low back pain radiating into the left leg. A handwritten note of June 23, 2015 suggests that the applicant continued to report radiating radicular symptoms. Obtaining MRI imaging was, thus, indicated to delineate the extent of the applicant's lumbar radicular complaints. Therefore, the request is medically necessary.