

Case Number:	CM15-0162791		
Date Assigned:	08/31/2015	Date of Injury:	04/22/2013
Decision Date:	09/30/2015	UR Denial Date:	08/05/2015
Priority:	Standard	Application Received:	08/19/2015

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 60 year old female, who sustained an industrial injury on 4-22-2013. The mechanism of injury was a twisted ankle after slipping on a wet surface. The injured worker was diagnosed as having chronic left ankle sprain and lumbar sprain-strain. Lumbar magnetic resonance imaging showed multi-level facet arthropathy and lumbar 4-5 disc protrusion. Treatment to date has included therapy and medication management. In a progress note dated 6-1-2015, the injured worker complains of left ankle pain and low back pain radiating occupational therapy the right buttock. Physical examination showed mild lumbar paraspinal tenderness and spasm with decreased range of motion. The treating physician is requesting lumbar magnetic resonance imaging and 12 sessions of chiropractic care for the lumbar spine. Lower extremity electrodiagnostics were recently authorized.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of The Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

Decision rationale: MTUS Guidelines are not supportive of spinal MRI studies unless there are red-flag conditions, persistent neurological changes or progressive neurological changes. The records note that there is some foot numbness, but in the records available for review, it is not clear if this is thought to be from the ankle or low back. Lower extremity electrodiagnostics have been recently approved and the results are reported in relationship to this request for a low back MRI. Pending the results of the electrodiagnostic testing, the lumbar MRI is not supported by Guidelines and it is not medically necessary.

Chiropractic Therapy Continued 3x4 in Treatment of The Lumbar Spine Qty 12: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulations.

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

Decision rationale: MTUS Guidelines supports a trial of up to 6 sessions of chiropractic therapy to establish if there are resulting functional improvements. It is documented that this individual has completed some sessions of chiropractic manipulation; however, there is no documentation of functional improvements or diminishing the need for other treatments. The request for additional Chiropractic Therapy Continued 3x4 in Treatment of The Lumbar Spine Qty 12 is not supported in Guidelines and there are no unusual circumstances to justify an exception to Guidelines. The request for an additional 12 sessions of Chiropractic is not medically necessary.