

Case Number:	CM15-0166514		
Date Assigned:	09/04/2015	Date of Injury:	12/13/2013
Decision Date:	10/07/2015	UR Denial Date:	08/14/2015
Priority:	Standard	Application Received:	08/24/2015

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, South Carolina

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Family Practice

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 65 year old female who sustained an industrial injury on 12-13-2013. The mechanism of injury was repetitive lifting. The injured worker was diagnosed as having lumbar strain with possible radiculopathy. There is no record of a recent diagnostic study. Treatment to date has included rest, heat, ice, chiropractic care, and medication management. In a progress note dated 7-27-2015, the injured worker complained of low back pain rated 4 out of 10 that radiated down the left leg. Physical examination showed decreased lumbar range of motion with lumbosacral tenderness. The treating physician requested lumbar spine magnetic resonance imaging and 6 sessions of chiropractic therapy, which was non-certified by Utilization Review on 8-14-2015.

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, QTY: 1: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), MRIs (magnetic resonance imaging).

Decision rationale: The CA MTUS is silent on the issue of MRI for the lumbar spine; however, the cited ACOEM guideline states that if physiologic evidence indicates tissue insult or nerve impairment, an MRI may be indicated to define a potential cause for neural or other soft tissue symptoms. Furthermore, imaging studies should be reserved for cases in which surgery is being considered or red-flag diagnoses are undergoing evaluation. The cited ODG states that MRI's are not recommended for uncomplicated low back pain with radiculopathy, until at least one month of conservative therapy has been completed; sooner if a severe or progressive neurologic deficit is present. Repeat MRI is indicated when there is a significant change in symptoms and/or findings suggestive of significant pathology. In the case of this injured worker, she has had a previous MRI of the lumbar spine with continued stable exam findings, and no demonstrated red-flag diagnoses, or documented progressive neurologic deficits. Therefore, the request for repeat MRI of the lumbar spine is not medically necessary and appropriate at this time.

Chiropractic therapy, 2x weekly, lumbar spine/sciatic nerve, QTY: 6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), Manipulation.

Decision rationale: Per the cited MTUS guidelines, manual therapy and manipulation is recommended for chronic pain, if caused by musculoskeletal conditions. It has been widely used in the treatment of musculoskeletal pain to achieve positive symptomatic or objective functional improvement. Manipulation of the low back is recommended for therapeutic trial, with a trial of 6 visits over 2 weeks, and evidence of objective functional improvement. It may also be indicated in cases of recurrence, but only after reevaluation and if the injured worker returned to work. The ODG recommends manipulation as an option in acute low back pain without radiculopathy, and it may also be safe with good outcomes in those with chronic low back pain and in those with non-progressive radicular symptoms. In the case of this injured worker, she has had previous chiropractic care, but the number of visits and objective functional improvement are not documented. Although it may be reasonable per the guidelines to undergo a therapeutic trial based on her chronic low back symptoms and no recent manipulation, it is not known whether she had an appropriate therapeutic response. Therefore, the request for chiropractic manipulations of the lumbar spine, twice weekly, qty: 6, is not medically necessary and appropriate.