

Case Number:	CM15-0167641		
Date Assigned:	09/11/2015	Date of Injury:	01/29/2014
Decision Date:	10/09/2015	UR Denial Date:	08/17/2015
Priority:	Standard	Application Received:	08/25/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 49-year-old female, who sustained an industrial injury on 1-29-14. She reported pain in the right ankle and right knee pain. The injured worker was diagnosed as having lumbar facet arthropathy, right lumbar radiculitis, and lumbar sprain and strain. Treatment to date has included 9 physical therapy sessions, acupuncture, a home exercise program, chiropractic treatment, and medication including Gabapentin and Motrin. Physical examination findings on 6-18-15 included tenderness in the lumbar paraspinal muscles. Painful lumbar extension and lateral flexion was also noted. The treating physician noted "there is no evidence of radiating pain to the lower extremities on lumbar motion." Straight leg raising was negative bilaterally and lumbar facet stress increased pain. Sensation was intact in all dermatomes in bilateral lower extremities. Currently, the injured worker complains of low back pain and right leg numbness. On 8-12-15 the treating physician requested authorization for a MRI of the lumbar spine and 12 chiropractic sessions. On 8-17-15, the requests were non-certified. Regarding the MRI the utilization review physician noted there was no pain with lumbar range of motion which was full. Strength and reflexes of the lower extremities were normal. As such, a MRI of the lumbar spine would not be supported at this time. Regarding chiropractic treatment the utilization review physician noted "the documentation identified the clamant has undergone chiropractic treatment, through examples of improved function and decreased pain are not documented to support additional therapy at this time."

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, online version Low Back-Lumbar & Thoracic.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back-Lumbar & Thoracic (Acute & Chronic), MRIs (magnetic resonance imaging).

Decision rationale: The claimant sustained a work injury in January 2014 and is being treated for low back and lower extremity pain. Treatment has included medications, acupuncture, and physical therapy and lumbar medial branch blocks were requested and denied. An MRI of the lumbar spine is referenced as showing lower lumbar degenerative disc disease and facet changes. In May 2015 diagnoses included right lumbar radiculitis. When seen, she had developed the radiating right sided pain after the prior MRI had been done. She was not having numbness. Physical examination findings included right lumbar and sacroiliac joint tenderness. There was slight right lower extremity weakness with resisted hip flexion and knee extension and normal sensation. Straight leg raising was negative. Guidelines indicate that a repeat MRI of the lumbar spine is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (e.g., tumor, infection, fracture, neurocompression, recurrent disc herniation). In this case, the claimant has had right sided radicular symptoms since at least May 2015. There is no progressive neurological deficit. Her prior MRI was not reviewed. A repeat MRI is not medically necessary at this time.

Chiropractic 12 sessions: 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 rationale: The claimant sustained a work injury in January 2014 and is being treated for low back and lower extremity pain. Treatment has included medications, acupuncture, and physical therapy and lumbar medial branch blocks were requested and denied. An MRI of the lumbar spine is referenced as showing lower lumbar degenerative disc disease and facet changes. In May 2015 diagnoses included right lumbar radiculitis. When seen, she had developed the radiating right sided pain after the prior MRI had been done. She was not having numbness. Physical examination findings included right lumbar and sacroiliac joint tenderness. There was slight right lower extremity weakness with resisted hip flexion and knee extension and normal sensation. Straight leg raising was negative. Chiropractic care is recommended as an option in the treatment of chronic pain. Guidelines recommend a trial of 6 visits over two weeks with further treatment considered if there is objective evidence of functional improvement and with a total of up to 18 visits over 6-8 weeks. In this case, the number of initial treatment sessions requested is in excess of the guideline recommendation and not medically necessary.