

Case Number:	CM15-0199777		
Date Assigned:	10/15/2015	Date of Injury:	06/09/2013
Decision Date:	12/21/2015	UR Denial Date:	10/01/2015
Priority:	Standard	Application Received:	10/12/2015

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: 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 35 year old male who sustained an industrial injury on 6-9-13. A review of the medical records indicates he is undergoing treatment for lumbar strain - rule out disc herniation, lumbosacral radiculitis, and thoracic strain. Medical records (9-18-15) indicate complaints of low back pain, pain and tingling throughout the right lower extremity, and mid back pain. The physical exam reveals decreased lumbar range of motion. "Hypertonicity and trigger points" are noted "throughout the paralumbar and parathoracic musculature". Positive orthopedic tests include Kemp's, Milgram's Minor's, Lasegue's, and Braggard's. The 6-18-15 record indicates that "there are no activities of daily living affected" by his injury. Diagnostic studies have included an MRI of the lumbar spine on 5-9-14, showing small central protrusion at L4-L5 intervertebral disc with annular fissuring, abutting the second thecal sac and proximal left S1 nerve root. Treatment has included medications, activity modification, physical therapy, a home exercise program, and chiropractic treatment (number of sessions not indicated) (6-18-15). He is not working. The utilization review (10-1-15) includes requests for authorization of chiropractic spinal manipulation with adjunctive physical therapy modalities 2 times per week times 6 weeks, a referral to a neurosurgeon for consultation, a lumbar MRI, and EMG-NCV for the lower extremities. All requests were denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic spinal manipulation with adjunctive physical therapy modalities 2 times per week times 6 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation, Physical Medicine.

Decision rationale: Regarding the request for chiropractic manipulation and physical therapy, Chronic Pain Medical Treatment Guidelines support the use of chiropractic care for the treatment of chronic pain caused by musculoskeletal conditions. Guidelines go on to recommend a trial of up to 6 visits over 2 weeks for the treatment of low back pain. With evidence of objective functional improvement, a total of up to 18 visits over 6 to 8 weeks may be supported. Up to 10 sessions of physical therapy are also supported for musculoskeletal conditions. Within the documentation available for review, there is documentation of completion of extensive prior chiropractic and physical therapy sessions, but there is no documentation of specific objective functional improvement with the previous sessions and remaining deficits that cannot be addressed within the context of an independent home exercise program, yet are expected to improve with formal supervised therapy. In the absence of clarity regarding the above issues, the currently requested chiropractic manipulation and physical therapy is not medically necessary.

Referral to a neurosurgeon for consultation: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Occupational Medicine Practice Guidelines, Independent Medical Examinations and Consultations Chapter, Page 127.

Decision rationale: Regarding the request for consultation, California MTUS does not address this issue. ACOEM supports consultation if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. Within the documentation available for review, the requesting physician has not identified any uncertain or extremely complex diagnoses to support neurosurgical consultation in a patient with no specific objective findings suggestive of potentially surgical neurological pathology. In the absence of such documentation, the currently requested consultation is not medically necessary.

Lumbar MRI: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 Chapter, MRIs (magnetic resonance imaging).

Decision rationale: Regarding the request for lumbar MRI, CA MTUS and ACOEM do not address the issue of repeat imaging. ODG cites that repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. Within the documentation available for review, there is no identification of a significant change in symptoms and/or findings since the prior MRI that are suggestive of significant pathology. In the absence of clarity regarding those issues, the currently requested lumbar MRI is not medically necessary.

EMG/NCS for the lower extremities: Upheld

Claims Administrator 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, EMGs (electromyography).

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies.

Decision rationale: Regarding the request for EMG/NCS of the lower extremities, CA MTUS and ACOEM cite that electromyography may be useful to identify subtle focal neurologic dysfunction in patients with low back symptoms lasting more than 3 to 4 weeks. Within the documentation available for review, there are no current physical examination findings suggestive of specific nerve compromise. In the absence of such documentation, the currently requested EMG/NCS of the lower extremities is not medically necessary.