

<b>Case Number:</b>	CM15-0204912		
<b>Date Assigned:</b>	10/21/2015	<b>Date of Injury:</b>	01/30/2013
<b>Decision Date:</b>	12/28/2015	<b>UR Denial Date:</b>	10/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/19/2015

### 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 25 year old male, who sustained an industrial injury on January 30, 2013, incurring neck, shoulder and back injuries. Magnetic Resonance Imaging of the cervical spine revealed disc protrusions and a Magnetic Resonance Imaging of the lumbar spine showed disc protrusions. He was diagnosed with cervical disc disease, cervical radiculitis, cervical disc herniation, lumbar disc disease, lumbar disc herniation and lumbar radiculitis, bilateral shoulder sprain and left shoulder tendinosis. Treatment included physical therapy, shockwave therapy, chiropractic sessions, acupuncture, anti-inflammatory drugs, Electromyography studies, and activity restrictions and modifications. A lumbar epidural steroid injection provided relief for only one month. Currently the injured worker complained of constant low back pain which was throbbing, burning and spasmodic. He rated the pain 8 out of 10 while at rest and 9 out of 10 with activities. The pain radiated down the leg with tingling into the toes. He had constant upper back pain associated with weakness, stiffness, numbness and tingling. His chronic pain interfered with his activities of daily living. The pain radiated to the bilateral shoulders. The treatment plan that was requested for authorization included a Magnetic Resonance Imaging of the cervical spine, a Magnetic Resonance Imaging of the lumbar spine, chiropractic sessions three times a week for four weeks for the lumbar spine and physical therapy three times a week for four weeks for the lumbar spine. On October 5, 2015, requests for a Magnetic Resonance Imaging of the cervical spine and a Magnetic Resonance Imaging of the lumbar spine were denied by utilization review. A request for chiropractic sessions for the lumbar spine was modified from three times a week for four weeks, to two times a week for three weeks, and a

request for physical therapy three times a week for four weeks, for the lumbar spine was denied by utilization review.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**MRI the cervical spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Special Studies.

**MAXIMUS guideline:** Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Special Studies.

**Decision rationale:** The MTUS states that an MRI or CT is recommended to validate diagnosis of nerve root compromise, based on clear history and physical examination findings, in preparation for invasive procedure. In addition, the ACOEM Guidelines state the following criteria for ordering imaging studies: 1. Emergence of a red flag, 2. Physiologic evidence of tissue insult or neurologic dysfunction, 3. Failure to progress in a strengthening program intended to avoid surgery, 4. Clarification of the anatomy prior to an invasive procedure. There is no documentation of any of the above criteria supporting a recommendation of a cervical MRI. MRI the cervical spine is not medically necessary.

**MRI of lumbar spine:** Upheld

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

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

**Decision rationale:** The MTUS states that unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. Indiscriminant imaging will result in false-positive findings, such as disk bulges, that are not the source of painful symptoms and do not warrant surgery. The medical record fails to document sufficient findings indicative of nerve root compromise which would warrant an MRI of the lumbar spine. MRI of lumbar spine is not medically necessary.

**Chiropractor three times a week for four weeks for the lumbar spine:** 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.

**Decision rationale:** The request is for 12 visits of chiropractic. The Chronic Pain Medical Treatment Guidelines allow for an initial 4-6 visits after which time there should be documented functional improvement prior to authorizing more visits. The request for 12 chiropractic visits is more than what is medically necessary to establish whether the treatment is effective. The original reviewer modified the request to 6 sessions to comply with the MTUS Guidelines. Chiropractor three times a week for four weeks for the lumbar spine is not medically necessary.

**Physical Therapy three times a week for four weeks for the lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

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

**Decision rationale:** The MTUS allows for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. Prior to full authorization, therapeutic physical therapy is authorized for trial of 6 visits over 2 weeks, with evidence of objective functional improvement prior to authorizing more treatments. There is no documentation of objective functional improvement and the request is for greater than the number of visits necessary for a trial to show evidence of objective functional improvement prior to authorizing more treatments. The patient is also currently approved for 6 sessions of chiropractic care and 6 sessions of acupuncture. Physical Therapy three times a week for four weeks for the lumbar spine is not medically necessary.