

Case Number:	CM15-0021974		
Date Assigned:	02/11/2015	Date of Injury:	07/25/2013
Decision Date:	03/31/2015	UR Denial Date:	01/05/2015
Priority:	Standard	Application Received:	02/05/2015

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

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 34 year old male, who sustained an industrial injury on 7/25/2013. He reports injury to the neck and lower back. Diagnoses include discogenic cervical and lumbar conditions with facet inflammation. Treatments to date include physical therapy, chiropractic care, home exercises and medication management. A progress note from the treating provider dated 1/30/2015 (after the request and Utilization Review decision) indicates the injured worker reported improved back and neck pain. On 1/5/2015, Utilization Review non-certified the request for magnetic resonance imaging of the cervical spine, magnetic resonance imaging of the lumbar spine and 12 chiropractic sessions for the cervical and lumbar spine, citing MTUS, ACOEM and Official Disability Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI without contrast of cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Neck and Upper Back chapter

Decision rationale: The patient presents with intermittent neck and low back pain with stiffness and loss of range of motion. The current request is for MRI without contrast of cervical spine. In the 1/30/15 treating report (4B) the treating physician states, "Please kindly authorize MRI of the cervical spine for further evaluation." ACOEM Guidelines recommend special imaging studies for emergence of red flag, physiologic evidence of tissue insult and neurologic dysfunction, et cetera. ODG recommends MR imaging when neurologic signs or symptoms are present. In this patient, the treating physician documents that the patient has intermittent neck pain with stiffness and loss of range of motion however there is no clinical history that provides any rationale for obtaining an MRI based upon either ODG or ACOEM Guidelines. The current request is therefore not medically necessary and the recommendation is for denial.

MRI without contrast of 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, Low Back Chapter, MRI

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Low Back, MRIs (magnetic resonance imaging)

Decision rationale: The patient presents with intermittent neck and low back pain with stiffness and loss of range of motion. The current request is for MRI without contrast of lumbar spine. The treating physician states in the 1/30/15 treating report (4B) "MRI of the lumbar spine showed disc disease L4-L5 and L5-S1 with lumbar lordosis." ODG states, "Repeat MRI 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 treating physician notes in a completed MRI after the IMR application was submitted; thereby eliminating the need for the current IMR request as noted by the physician's treatment plan where he no longer request the MRI in question. If the physician did indeed intend on a second MRI without contrast of lumbar spine ODG states, "Repeat MRI 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, there is no documented "significant change in symptoms and/or findings suggestive of significant pathology." Therefore, the current request is not medically necessary and the recommendation is for denial.

12 chiropractic sessions for the cervical and lumbar spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58-60.

Decision rationale: The patient presents with intermittent neck and low back pain with stiffness and loss of range of motion. The current request is for 12 Chiropractic sessions for the cervical and lumbar spine. The treating physician states in the 1/30/15 treating report (4B) "He will continue chiropractic therapy which has been helpful thus far, please kindly authorize 12 sessions." The patient is currently not working and at the time of the last clinical history report has completed eight of the 12 session, "which has helped him significantly." "He is now able to turn his back and neck and has significant relief." He is currently not working. MTUS guidelines state that manual therapy and manipulation are recommended as an option for chronic low back pain. It further states that a trial of 6 visits over 2 weeks, with evidence of objective functional improvement is required with an option of a total of up to 18 visits over 6-8 weeks. In this case, the patient has completed 8 of the 12 approved sessions. If another 12 sessions were approved the patient would exceed the MTUS recommend 18 visits therefore the current request is not medically necessary and the recommendation is for denial.