

Case Number:	CM15-0034241		
Date Assigned:	03/02/2015	Date of Injury:	07/11/2014
Decision Date:	04/14/2015	UR Denial Date:	02/12/2015
Priority:	Standard	Application Received:	02/24/2015

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

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 50 year old male, who sustained an industrial injury on 7/11/2014. The diagnoses have included neck sprain and strain, thoracic sprain and strain, lumbar sprain and strain and headaches. Treatment to date has included chiropractic manipulation and medication. According to the Primary Treating Physician's Progress Report dated 2/4/2015, the injured worker had complaints of pain to the cervical, thoracic and lumbar spine that were increased with lifting, bending, twisting, stooping, pulling and pushing. Objective findings revealed point tenderness/spasm of the cervical, thoracic and lumbar spine with painful, restricted range of motion. Treatment was aimed at improving motion and function and helping with daily activities. The treatment plan was for magnetic resonance imaging (MRI) to rule out disc pathologies and to continue chiropractic treatment once a week. On 2/12/2015, Utilization Review (UR) non-certified a request for Chiropractic treatment with physiotherapy one time a week for six weeks citing the Medical Treatment Utilization Schedule (MTUS). UR non-certified requests for magnetic resonance imaging (MRI) of the cervical spine and magnetic resonance imaging (MRI) of the lumbar spine, citing the MTUS and Official Disability Guidelines (ODG).

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic Treatment with Physiotherapy once (1) per week for six (6) weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Chiropractic Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58-59.

Decision rationale: According to the 02/04/2015 progress report, this patient presents with intermittent neck and low back pain that is worsen with lifting, bending, twisting, stooping, pulling and pushing. The current request is for Chiropractic Treatment with Physiotherapy once (1) per week for six (6) weeks. The Utilization Review denial letter states "The patient has received 17 sessions of chiropractor treatment to date." The request for authorization is on 02/04/2015 and the patient's work status is to "remain off work until 03/01/2015." Regarding chiropractic manipulation, MTUS recommends an optional trial of 6 visits over 2 weeks with evidence of objective functional improvement total of up to 18 visits over 6 to 8 weeks. For recurrences/flare-ups, reevaluate treatment success and if return to work is achieved, then 1 to 2 visits every 4 to 6 months. The MTUS guidelines further state, "A Delphi consensus study based on this meta-analysis has made some recommendations regarding chiropractic treatment frequency and duration for low back conditions. They recommend an initial trial of 6-12 visits over a 2-4 week period, and, at the midway point as well as at the end of the trial, there should be a formal assessment whether the treatment is continuing to produce satisfactory clinical gains." Based on the provided medical reports, UR allured that the patient has had 17 chiropractic sessions to date. However, the treating physician does not provide documentation of functional improvement. MTUS page 8 requires that the treater provide monitoring of the patient's progress and make appropriate recommendations. In addition, the requested 6 chiropractic sessions exceed what is allowed by MTUS guidelines. MTUS supports up to 18 sessions of chiropractic manipulation. Therefore, the current request IS NOT medically necessary.

MRI of the Cervical Spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178. Decision based on Non-MTUS Citation Official disability guidelines Neck and upper back chapter, MRI.

Decision rationale: According to the 02/04/2015 progress report, this patient presents with intermittent constant neck and low back pain that is worsen with lifting, bending, twisting, stooping, pulling and pushing. The current request is for MRI of the Cervical Spine "to rule out disc pathologies." The Utilization Review denial letter states "there is not documentation of chronic neck pain after 3 months conservative treatment where X-Rays are normal and there is neurological deficit, neck pain with severe radiculopathy or progressive neurological deficit, or suspected or known trauma equivocal x-ray or CT studies and clinical findings of neurological

deficit." Regarding MRI of the cervical spine, ACOEM Guidelines state, "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." ODG Guidelines do not support MRIs unless there are neurologic signs/symptoms present. The medical reports provided for review show no evidence of prior cervical MRI. In this case, the patient does not present with radicular pain. The treating physician does not document that the patient has neurologic signs/symptoms. Examination findings do not reveal neurological deficit. The ODG Guidelines do not support MRIs unless there are neurologic signs/symptoms present. Therefore, the current request IS NOT medically necessary.

MRI of the Lumbar Spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178. Decision based on Non-MTUS Citation Official disability guidelines low back chapter; Magnetic resonance imaging.

Decision rationale: According to the 02/04/2015 progress report, this patient presents with intermittent neck and low back pain that is worsen with lifting, bending, twisting, stooping, pulling and pushing. The current request is for MRI of the Lumbar Spine "to rule out disc pathologies." The Utilization Review denial letter states "The clinical documentation submitted does not contain findings of lumbar spine trauma, suspicion of red flags, completion of conservative therapy for uncomplicated low back pain with radiculopathy, cauda equina syndrome or any form of myelopathy. Regarding MRI of the lumbar spine, ACOEM Guidelines state, "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." ODG Guidelines do not support MRIs unless there are neurologic signs/symptoms present. The medical reports provided for review show no evidence of prior lumbar MRI. In this case, the patient does not present with radicular pain. The treating physician does not document that the patient has neurologic signs/symptoms. Examination findings do not reveal neurological deficit. The ODG Guidelines do not support MRIs unless there are neurologic signs/symptoms present. Therefore, the current request IS NOT medically necessary.