

Case Number:	CM15-0036762		
Date Assigned:	03/05/2015	Date of Injury:	08/15/2010
Decision Date:	05/01/2015	UR Denial Date:	02/12/2015
Priority:	Standard	Application Received:	02/26/2015

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, Arizona

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 39-year-old female who reported an injury on 08/15/2010. The injured worker reportedly suffered an injury when she was tripped while attempting to stop an inmate from exiting a door. The current diagnoses include chronic cervical strain, chronic left trapezial and parascapular strain, bilateral shoulder rotator cuff syndrome, bilateral arm overuse syndrome, and bilateral carpal tunnel syndrome. The latest physician progress report submitted for this review is documented on 01/12/2015. The injured worker presented for a follow-up evaluation with complaints of 9/10 pain with prolonged activity. The injured worker reported cervical spine pain radiating into the bilateral upper extremities, as well as bilateral wrist and hand pain, rated 6/10. The pain was made better with therapy, rest, and medication. The injured worker was activity working at a new job. The physical examination revealed decreased cervical and thoracic range of motion, decreased lumbar range of motion with palpable tenderness over the paraspinals muscles of the lumbar spine. Recommendations at that time included continuation of topical Kera-Tek gel. The provider also requested an AME Report from 04/2014, and all medical records. The injured worker was also a prescription for tramadol 50 mg. A Request for Authorization form was not submitted in this case.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of The Cervical Spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): s 177-179.

Decision rationale: The CA MTUS/ACOEM Practice Guidelines state for most patients presenting with true neck and upper back problems, special studies are not needed unless a 3 to 4 week period of conservative care and observation fails to improve symptoms. In this case, there was no documentation of any red flags for serious pathology. There was no evidence of a significant musculoskeletal or neurological deficit with regard to the cervical spine. The injured worker also underwent an MRI of the cervical spine in 02/2014. The medical necessity for an additional imaging study has not been established. As such, the request is not medically necessary.

MRI of The Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): s 303-305.

Decision rationale: The CA MTUS/ACOEM Practice Guidelines state if physiologic evidence indicates tissue insult or nerve impairment, the practitioner can discuss with a consultation the selection of an imaging test. In this case, there was no evidence of a significant musculoskeletal or neurological deficit upon examination. There was no evidence of the emergence of any red flags for serious pathology. There was also no mention of a recent attempt at any conservative management prior to the request for an imaging study. The medical necessity has not been established. As such, the request is not medically necessary.

8 Chiropractic Treatments: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58.

Decision rationale: The California MTUS Guidelines recommend manual therapy and manipulation for chronic pain if caused by a musculoskeletal condition. Treatment for the low back is recommended as a therapeutic trial of 6 visits over 2 weeks. The current request for 8 sessions of chiropractic therapy would exceed guideline recommendations. The request as

submitted also failed to indicate a specific body part. Given the above, the request is not medically necessary.