MAXIMUS Federal Services

Case Number:	CM15-0038189		
Date Assigned:	03/06/2015	Date of Injury:	07/25/2013
Decision Date:	04/17/2015	UR Denial Date:	02/13/2015
Priority:	Standard	Application Received:	02/27/2015

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 32-year-old male who sustained an industrial injury on July 25, 2013. He has reported pain to the back, neck, and hips and has been diagnosed with discogenic cervical condition with facet inflammation and headaches and discogenic lumbar condition with facet inflammation and bilateral radiculopathy. Treatment has included physical therapy, chiropractic care, and medications. Currently the injured worker complains of intermittent neck and low back pain with stiffness and loss of range of motion. The treatment plan included chiropractic care and MRI of the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Magnetic resonance imaging (MRI) of the cervical spine: Upheld

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

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, MRI.

Decision rationale: The patient presents with unrated pain to the neck and lower back. The patient's date of injury is 07/25/13. Patient has no documented surgical history directed at this complaint. The request is for MRI OF THE CERVICAL SPINE. The RFA is dated 11/06/14. Physical examination dated 01/30/15 reveals "good range of motion of the cervical and lumbar spine", and notes pain and facet loading at unspecified levels. No other physical findings are included. The patient's current medication regimen was not provided. Diagnostic imaging was not included. Patient is currently not working. ACOEM Guidelines page 177 and 178 has the following criteria for ordering images: Emergence of red flags, physiologic evidence of tissue insult, or neurological dysfunction, failing to progress strengthening program intended to avoid surgery, and clarification of anatomy prior to an invasive procedure. The ODG Guidelines under the low back and thoracic chapter has the following regarding MRIs, "Recommended for indications below. MRIs are test of choice for patients with prior back surgery, but not for uncomplicated low back pain with radiculopathy, not recommended until at least one month of conservative care, sooner if there is severe or progressive neurological deficit."In this case, the treater is requesting what appears to be a first time MRI of the cervical spine. While there is no documentation that this patient has had a cervical MRI to date, the requesting provider does not include any unequivocal findings on neurological deficit at the cervical level; only unspecified neck pain with normal range of motion. There is no documentation of significant injury or red flags, which would warrant MRI imaging at the requested levels. There is no documentation of intent to perform any procedures at this level or any indication that there have been any in the past. ACOEM guidelines do not support MRI diagnostics for uncomplicated neck pain or in cases where there is no documentation of neurological deficit. Therefore, the request IS NOT medically necessary.

Chiropractic therapy times twelve 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 and Manipulation Page(s): 40, 58-59.

Decision rationale: The patient presents with unrated pain to the neck and lower back. The patient's date of injury is 07/25/13. Patient has no documented surgical history directed at this complaint. The request is for CHIROPRACTIC THERAPY TIMES TWELVE FOR THE CERVICAL AND LUMBAR SPINE. The RFA is dated 11/06/14. Physical examination dated 01/30/15 reveals "good range of motion of the cervical and lumbar spine", and notes pain and facet loading at unspecified levels. No other physical findings are included. The patient's current medication regimen was not provided. Diagnostic imaging was not included. Patient is currently not working. MTUS Guidelines, page 40 states the following regarding Manual Therapy and Manipulation: "Recommended for chronic pain if caused by musculoskeletal conditions and manipulation is specifically recommended as an option for acute conditions. Manual Therapy is widely used in the treatment of musculoskeletal pain. The intended goal or effect of Manual Medicine is the achievement of positive symptomatic or objective measurable gains in function that facilitate progression in the patient's therapeutic exercise program and return to productive

activities. Manipulation is manual therapy that moves a joint beyond the physiologic range-of-motion but not beyond the anatomic range-of-motion. Treatment Parameters from state guidelines: a. Time to produce objective functional gains: 3-5 treatments. b. Frequency: 1-5 supervised treatments per week the first 2 weeks, decreasing to 1-3 times per week for the next 6 weeks, then 1-2 times per week for the next 4 weeks, if necessary. c. Optimum duration: Treatment beyond 3-6 visits should be documented with objective improvement in function. Palliative care should be reevaluated and documented at each treatment session." Additionally, MTUS guidelines on page 59 states, "Delphi recommendations in effect incorporate two trials, with a total of up to 12 trial visits with a re-evaluation in the middle, before also continuing up to 12 more visits -for a total of up to 24." In regard to the request for chiropractic treatment for this patient's cervical and lumbar spine pain, the treater has exceeded guideline recommendations. MTUS guidelines indicate that manual manipulation such as chiropractic therapy be initiated on a trial basis with an optimum duration of 3-6 visits initially, with additional visits if there is documented objective improvement. While there is no evidence in the records provided that this patient has had any chiropractic treatment to date, this request does not imply an intent to conduct a trial period or determine efficacy before additional therapy. Therefore, this request IS NOT medically necessary.