

Case Number:	CM15-0046668		
Date Assigned:	03/19/2015	Date of Injury:	02/22/2014
Decision Date:	05/06/2015	UR Denial Date:	02/26/2015
Priority:	Standard	Application Received:	03/12/2015

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: Texas, California

Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 58 year old male patient, who sustained an industrial injury on February 22, 2014. The diagnoses include lumbar radiculopathy and lumbar muscle strain. Per the doctor's note dated 3/16/2015, he had complains of bilateral low back pain and discomfort, with radiating pain to the left great toe and foot, with weakness, and numbness in the left foot. Physical examination revealed the lumbar spine- tenderness, and spasm, with normal range of motion (ROM) and an abnormal straight leg raise test. The current medications list includes naprosyn, Norco and Baclofen. He has had epidural injection on 1/27/15 without relief. Prior diagnostic study reports were not specified in the records provided. He has had 7 chiropractic visits and physical therapy for this injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic care for sacroiliac joints QTY: 4: Upheld

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

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

Decision rationale: Chiropractic care for sacroiliac joints QTY: 4. Per the cited guidelines regarding chiropractic treatment "Elective/maintenance care: Not medically necessary." "One of the goals of any treatment plan should be to reduce the frequency of treatments to the point where maximum therapeutic benefit continues to be achieved while encouraging more active self-therapy, such as independent strengthening and range of motion exercises, and rehabilitative exercises. Patients also need to be encouraged to return to usual activity levels despite residual pain, as well as to avoid catastrophizing and overdependence on physicians, including doctors of chiropractic." Patient has already had 7 chiropractic therapy visits for this injury. There is no evidence of ongoing significant progressive functional improvement from the previous chiropractic sessions that is documented in the records provided. Previous conservative therapy notes are not specified in the records provided. A valid rationale as to why remaining rehabilitation cannot be accomplished in the context of an independent exercise program is not specified in the records provided. The medical necessity of Chiropractic care for sacroiliac joints QTY: 4 is not fully established for this patient and is not medically necessary.

MRI of the 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.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304.

Decision rationale: MRI of the lumbar spine. Per the ACOEM low back guidelines cited below "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. If physiologic evidence indicates tissue insult or nerve impairment, the practitioner can discuss with a consultant the selection of an imaging test to define a potential cause (magnetic resonance imaging [MRI] for neural or other soft tissue, computer tomography [CT] for bony structures)." Patient does not have any progressive neurological deficits that are specified in the records provided. Any finding indicating red flag pathologies are not specified in the records provided. The history or physical exam findings do not indicate pathology including cancer, infection, or other red flags. Response to previous conservative therapy including physical therapy is not specified in the records provided. Previous conservative therapy notes are not specified in the records provided. A lumbar spine X-ray report is also not specified in the records provided. The medical necessity of MRI of the lumbar spine is not fully established for this patient and is not medically necessary.

