

Case Number:	CM15-0079900		
Date Assigned:	04/30/2015	Date of Injury:	12/12/2014
Decision Date:	09/09/2015	UR Denial Date:	03/30/2015
Priority:	Standard	Application Received:	04/27/2015

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: Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management

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 45-year-old female, with a reported date of injury of 12/12/2014. The diagnoses include low back pain, lumbar sprain/strain, rule-out thoracic disc protrusion, thoracic muscle spasm, thoracic sprain/strain, lumbar muscle spasm, and rule-out lumbar disc protrusion. Treatments and diagnostics to date have included an MRI of the thoracic spine on 02/17/2015, an MRI of the lumbar spine on 02/17/2015, oral medications, physical therapy, chiropractic treatments and x-rays of the lumbar spine. The initial evaluation and report dated 02/11/2015 indicates that the injured worker complained of constant mild upper/mid back pain, becoming moderate pain, and constant mild low back pain, becoming moderate pain. An examination of the thoracic spine showed no bruising, swelling, or lesions; painful and limited range of motion; tenderness to palpation of the thoracic paravertebral muscles; and muscle spasms of the thoracic paravertebral muscles. An examination of the lumbar spine showed no bruising, swelling, or lesion; decreased and painful range of motion; tenderness to palpation of the lumbar paravertebral muscles; and pain with straight leg raise test. The medications listed are Motrin and Norco. The treating physician requested an MRI of the thoracic spine, an MRI of the lumbar spine, TENS/EMS unit, Aspen back brace, Hot/Cold Unit, eight chiropractic sessions, and eight physical therapy visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI thoracic spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Neck and Upper Back.

Decision rationale: The CA MTUS and the ODG guidelines recommend that MRI tests can be utilized for the evaluation of chronic musculoskeletal pain when standard X-rays and clinical examinations are inconclusive or in the presence of red flag conditions. The records indicate that the patient completed MRI tests of the lumbar and thoracic spine in earlier in 2015. There is no documentation of deterioration of the spine condition since the last MRI report. The records indicate that the patient denied any symptomatic radiculopathy in the upper or lower extremities. The criteria for the MRI of the thoracic spine was not met. Therefore the requested treatment is not medically necessary.

MRI lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301-304. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Low Back.

Decision rationale: The CA MTUS and the ODG guidelines recommend that MRI tests can be utilized for the evaluation of chronic musculoskeletal pain when standard X-rays and clinical examinations are inconclusive or in the presence of red flag conditions. The records indicate that the patient completed MRI tests of the lumbar and thoracic spine in earlier in 2015. There is no documentation of deterioration of the spine condition since the last MRI report. The records indicate that the patient denied any symptomatic radiculopathy in the upper or lower extremities. The criteria for the MRI of the lumbar spine was not met. Therefore the requested treatment is not medically necessary.

Tens/ems unit: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 113-117, 121. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter.

Decision rationale: The CA MTUS and the ODG guidelines recommend that TENS /EMS unit can be utilized for the treatment of musculoskeletal pain. The use of TENS unit can result in pain relief, reduction in medications utilization and functional restoration. The guidelines recommend that patients undergo an initial 30 days trial of supervised TENS unit use to document beneficial effects. The records did not show that the patient completed the 30 days trial successfully with beneficial effects. The criteria for the purchase of TENS /EMS unit was not met. Therefore the request is not medically necessary.

Aspen back brace: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Low Back.

Decision rationale: The CA MTUS and the ODG guidelines did not recommend the use of back brace beyond the acute injury period. The records did not show that the patient had a recent injury or exacerbation of the low back pain. There is no documentation of difficulty with mobilization that could be improved with utilization of the back support or brace. The criteria for the use of Aspen back brace was not met. Therefore the requested treatment is not medically necessary.

Hot/cold unit: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Cold/Heat therapy.

Decision rationale: The CA MTUS and the ODG recommend that the use of cold/heat therapy be limited to 7 days during the post surgery and acute injury period. The records did not show that the patient had a acute injury or a recent musculoskeletal surgery. The patient was noted to have stable symptoms of musculoskeletal pain. The criteria for hold/cold unit therapy was not met. Therefore the requested treatment is not medically necessary.

Chiropractic 2x4: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46-47, 96-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter.

Decision rationale: The CA MTUS and the ODG guidelines recommend that physical therapy (PT) can be utilized for the treatment of musculoskeletal pain. The use of PT can result in pain relief, reduction in medications utilization and functional restoration. The records did show that the patient had previously completed series of PT and chiropractic treatments. The guidelines recommend that the patient proceed to a home exercise program (HEP) after completion of supervised physical treatments. The criteria for Chiropractic treatments 2X4 was not met. Therefore the requested treatment is not medically necessary.

Physical Therapy 2x4: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46-47, 96-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Low Back.

Decision rationale: The CA MTUS and the ODG guidelines recommend that physical therapy (PT) can be utilized for the treatment of musculoskeletal pain. The use of PT can result in pain relief, reduction in medications utilization and functional restoration. The records did show that the patient had previously completed series of PT and chiropractic treatments. The guidelines recommend that the patient proceed to a home exercise program (HEP) after completion of supervised physical treatments. The criteria for Physical Therapy treatments 2X4 was not met. Therefore the requested treatment is not medically necessary.