

Case Number:	CM15-0232411		
Date Assigned:	12/08/2015	Date of Injury:	07/02/2015
Decision Date:	01/14/2016	UR Denial Date:	11/19/2015
Priority:	Standard	Application Received:	11/25/2015

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: New Jersey

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:

The injured worker is a 35 year old, female who sustained a work related injury on 7-2-15. A review of the medical records shows she is being treated for neck, upper and lower back pain. In the progress notes dated 10-23-15, the injured worker reports neck, upper and lower back pain. Pain increases with movement. She is experiencing occasional spasms in lower back. Upon physical exam dated 10-23-15, she has tenderness to palpation over bilateral trapezius and bilateral levator scapulae muscles. She has tenderness to palpation of the rhomboid muscles. She has tenderness to palpation over the lumbosacral midline and left lumbosacral. She has bilateral hamstring tightness. Treatments have included 18 out of 24 sessions of physical therapy-helpful and medications. Current medications include Robaxin, Ibuprofen, Tylenol, Salonpas patches and Flexeril. She is temporarily totally disabled. The treatment plan includes requests for chiropractic treatments and MRIs of cervical and thoracic spine. The Request for Authorization dated 11-12-15 has requests for cervical and thoracic spine MRIs and chiropractor treatments. In the Utilization Review dated 11-19-15, the requested treatments of MRIs of cervical and thoracic spine are not medically necessary. The requested treatment of chiropractic treatment of cervical, thoracic and lumbar spine x 12 was modified to chiropractic treatment of cervical, thoracic and lumbar spine x 6.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Special Studies.

Decision rationale: The MTUS ACOEM Guidelines state that for most patients presenting with true neck or upper back problems, special studies are not needed unless a 3-4 week period of conservative care and observation fails to improve symptoms. The criteria for considering MRI of the cervical spine includes: emergence of a red flag, physiologic evidence of tissue insult or neurologic dysfunction, failure to progress in a strengthening program intended to avoid surgery, looking for a tumor, and clarification of the anatomy prior to an invasive procedure. In the case of this worker, physical therapy was deemed as being helpful and with "benefit," and since she had not yet completed the recommended physical therapy, there does not seem to be an indication to follow-up with imaging until a full effort of conservative care has been exhausted. There was no indication that MRI should be used early, as there were no signs or symptoms of neurological compromise or any red flag diagnosis contributing to her symptoms. Therefore, this request for MRI of the cervical spine will be considered medically unnecessary.

MRI thoracic spine: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Special Studies.

Decision rationale: The MTUS ACOEM Guidelines state that for most patients presenting with true neck or upper back problems, special studies are not needed unless a 3-4 week period of conservative care and observation fails to improve symptoms. The criteria for considering MRI of the cervical spine includes: emergence of a red flag, physiologic evidence of tissue insult or neurologic dysfunction, failure to progress in a strengthening program intended to avoid surgery, looking for a tumor, and clarification of the anatomy prior to an invasive procedure. In the case of this worker, physical therapy was deemed as being helpful and with "benefit," and since she had not yet completed the recommended physical therapy, there does not seem to be an indication to follow-up with imaging until a full effort of conservative care has been exhausted. There was no indication that MRI should be used early, as there were no signs or symptoms of neurological compromise or any red flag diagnosis contributing to her symptoms. Therefore, this request for MRI of the thoracic spine will be considered medically unnecessary.

Chiropractic treatment, cervical, thoracic, and lumbar spine, quantity 12: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines state that for musculoskeletal conditions, manual therapy & manipulation is an option to use for therapeutic care within the limits of a suggested 6 visits over 2 weeks, with evidence of objective functional improvement, and a total of up to 18 visits over 6-8 weeks. It may be considered to include an additional 6 session (beyond the 18) in cases that show continual improvement for a maximum of 24 total sessions. The MTUS Guidelines also suggest that for recurrences or flare-ups of pain after a trial of manual therapy was successfully used, there is a need to re-evaluate treatment success, and if the worker is able to return to work then 1-2 visits every 4-6 months is warranted. Manual therapy & manipulation is recommended for neck and back pain, but is not recommended for the ankle, foot, forearm, wrist, hand, knee, or for carpal tunnel syndrome. The worker in this case had been completing physical therapy for her neck and back pain with benefit. Adding additional strategies such as chiropractor treatments is reasonable in order to see if better results with ongoing therapy and chiropractor treatments is seen. However, a trial of up to 6 sessions is warranted and 12 were requested. Therefore, this request will be considered medically unnecessary as written.