

Case Number:	CM14-0157976		
Date Assigned:	10/01/2014	Date of Injury:	04/25/2014
Decision Date:	11/04/2014	UR Denial Date:	09/22/2014
Priority:	Standard	Application Received:	09/26/2014

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 claimant is a represented [REDACTED] employee who has filed a claim for low back pain reportedly associated with an industrial injury of April 20, 2014. Thus far, the applicant has been treated with the following: Analgesic medications; unspecified amounts of physical therapy; unspecified amounts of chiropractic manipulative therapy; transfer of care to and from various providers in various specialties; and extensive periods of time off of work. In a Utilization Review Report dated September 22, 2014, the claims administrator denied a request for a positional MRI and also partially approved a request for 12 sessions of chiropractic manipulative therapy as six sessions of the same. The applicant's attorney subsequently appealed. In a handwritten note dated September 30, 2014, the applicant reported persistent complaints of low back, mid back, and upper back pain, 3-6/10. Guarding and limited range of motion were noted about the cervical spine. It was acknowledged that the applicant had received 12 sessions of chiropractic manipulative therapy to date. Twelve sessions of physical therapy were sought while the applicant was placed off of work, on total temporary disability. On August 29, 2014, multifocal complaints of neck, low back, and mid back pain were reported with associated headaches. The applicant was placed off of work, on total temporary disability. Positional MRI and 12 sessions of chiropractic manipulative therapy were sought while the applicant was placed off of work, on total temporary disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) single-positional lumbar spine MRI: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back (Acute and Chronic)

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

Decision rationale: The MTUS does not address the topic of positional MRIs. As noted in the Third Edition ACOEM Guidelines Low Back Chapter, there are no clearly defined usages for standing, upright, or positional MRIs, which ACOEM further notes, are "not recommended." No rationale for selection of non-standard positional MRI imaging in the face of the unfavorable ACOEM position on the same was proffered by the attending provider. Therefore, the request is not medically necessary.

Twelve (12) chiropractic sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 299.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 12, page 299, if manipulation does not bring improvement in three to four weeks, it should be stopped and the applicant re-evaluated. In this case, the applicant had failed to respond favorably to earlier chiropractic manipulative therapy as evinced by the applicant's remaining off of work, on total temporary disability. As suggested by ACOEM, discontinuing manipulation was/is a more appropriate option than continuing the same. Therefore, the request is not medically necessary.