

Case Number:	CM14-0162313		
Date Assigned:	10/07/2014	Date of Injury:	02/07/2014
Decision Date:	10/31/2014	UR Denial Date:	09/10/2014
Priority:	Standard	Application Received:	10/02/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine, 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 patient is a 26-year-old male with an injury date of 02/07/14. The 08/07/14 handwritten progress report by [REDACTED] is partly illegible and states that the patient presents with constant moderate lower back pain rated 6/10. The 04/15/14 report states the patient has lower back pain radiating into the left lower extremity. The Examination of 08/07/14 reveals tenderness of the paraspinal muscles and positive straight leg raise while the 04/15/14 report states there is tenderness and spasm on palpation to the bilateral paraspinal of the thoracic spine. The 04/15/14 lumbar spine examination reveals tenderness and spasm on the bilateral paraspinal and psoas muscles along with tenderness bilaterally over the quadratus lumborum, sacroiliac joint, coccyx, sciatic notch and iliolumbar ligament. The treator states the patient is to return to modified work with restrictions. The 04/18/14 X-ray of the Thoracic spine provides the following impression: Levoconvex scoliosis of the thoracic spine. This may be positional or reflect an element of myospasm. The patient's 08/07/14 diagnoses include thoracic spine "L/or HNP" Lumbar spine "MDLH/IOD, R/P Rad" The utilization review being challenged is dated 09/10/14. Reports were provided from 04/15/14 to 09/11/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 Chiropractic Treatments: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Treatments Page(s): 58 59.

Decision rationale: The patient presents with constant lower back pain radiating into the left lower extremity. The treater requests for 8 Chiropractic treatments. MTUS Manual Therapy and Manipulation guidelines pages 58, 59 state that treatment is recommended for chronic pain if caused by musculoskeletal conditions. For the low back, it is recommended as an option. For Therapeutic care - A trial of 6 visits over 2 weeks, with evidence of objective functional improvement, with up to 18 visits over 6-8 weeks is allowed. The treater does not discuss the reason for this request. Treatment reports show the treater's concern for both the lumbar and thoracic spine as well as noting the patient's physical therapy on 07/16/14. There is no discussion of prior chiropractic treatment in the reports provided, and no therapy treatment reports were provided to know the patient's history. In this case, MTUS allows a trial of 6 visits with up to 18 visits with evidence of functional improvement. If the 8 requested visits are a trial, the number exceeds what is allowed by MTUS. If the request is for additional visits following a trial, the reports provided lack documentation of functional improvement. Therefore, recommendation is for denial.

MRI of the Thoracic Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Low Back Lumbar & Thoracic Chapter, MRIs

Decision rationale: The patient presents with constant lower back pain radiating into the left lower extremity. The treater requests for: MRI of the Thoracic Spine. No prior MRI of the Thoracic spine is provided or discussed. The treater does not discuss this request; however, the 08/07/14 treatment report does show the request for an MRI for this body part. A 08/19/14 MRI Thoracic was provided indicating that the study was obtained without authorization. ODG guidelines Low Back Lumbar & Thoracic Chapter, MRIs Topic, state, " A new meta-analysis of randomized trials finds no benefit to routine lumbar imaging (radiography, MRI, or CT) for low back pain without indications of serious underlying conditions, and recommends that clinicians should refrain from routine, immediate lumbar imaging in these patients. (Chou-Lancet, 2009)" ODG further states MRIs are indicated for uncomplicated low back pain with radiculopathy after at least 1 month conservative treatment. In this case, there is lack of sufficient documentation of thoracic issues, such as any radiation into thoracic cavity to warrant an MRI. There are no red flags such as myelopathy, or suspicion for tumor/infection/fracture to warrant an MRI. Recommendation is for denial. In this case, there is lack of sufficient documentation of thoracic issues, such as any radiation into thoracic cavity to warrant an MRI. There are no red flags such as myelopathy, or suspicion for tumor/infection/fracture to warrant an MRI. Recommendation is for denial.

