

Case Number:	CM14-0166095		
Date Assigned:	10/13/2014	Date of Injury:	05/21/2013
Decision Date:	11/17/2014	UR Denial Date:	09/26/2014
Priority:	Standard	Application Received:	10/08/2014

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 applicant is a represented [REDACTED] employee who has filed a claim for neck and low back pain reportedly associated with an industrial injury of May 21, 2013. In a Utilization Review Report dated September 20, 2014, the claims administrator partially approved a request for 8-12 sessions of chiropractic manipulative therapy as six sessions of the same, denied a request for cervical MRI imaging, denied a lumbar MRI, and approved a pain management consultation. The claims administrator invoked the September 12, 2014 progress note in its UR report. The claims administrator did, somewhat interestingly, invoke ACOEM for large portions of its rationale in favor of the MTUS Chronic Pain Medical Treatment Guidelines. Non-MTUS 2007 ACOEM Guidelines were also employed, again in favor of MTUS references. In an August 28, 2013 physical therapy progress note, it was acknowledged that the applicant had had two sessions of physical therapy through that point in time after an industrial assault injury of May 2012. The applicant had reportedly been assaulted by a co-worker. In a Doctor's First Report (DFR) of September 12, 2014, the applicant was apparently transferring care to a new primary treating provider, a chiropractor. It was not clearly stated what treatment or treatments had transpired through that point in time. Neck, upper back pain, and low back pain with associated symptoms were noted. Limited range of motion about the cervical spine and lumbar spine was appreciated, with multiple myofascial tender points. The applicant was apparently returned to work with a rather permissive 25-pound lifting limitation. MRI imaging of the cervical and lumbar spines was sought. The applicant was described as having intact sensorium about the upper and lower extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chirocare 2x4-6: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 298-301.
Decision based on Non-MTUS Citation ODG Chiropractic Guidelines

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

Decision rationale: As noted on page 58 of the MTUS Chronic Pain Medical Treatment Guidelines, the time deemed necessary to produce effect following introduction of manual therapy and manipulation is "four to six treatments." The request, thus, as written, for 12 sessions of treatment represents treatment at the rate two to three times MTUS parameters. No compelling case was made for treatment this far in excess of MTUS parameters. Therefore, the request is not medically necessary.

MRI Cervical Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 177-178, 303-304. Decision based on Non-MTUS Citation ODG (<http://www.odg-twc.com/neck.htm>)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): Table 8-8, 182.

Decision rationale: While the MTUS Guideline in ACOEM Chapter 8, Table 8-8, page 182 does recommend MRI or CT imaging to help validate a diagnosis of nerve root compromise, based on clear history and physical exam findings, preparation for an invasive procedure, in this case, however, there was no mention of the applicant's considering or contemplating an invasive procedure or surgical intervention involving the cervical spine. It was not clearly stated how (or if) the proposed cervical MRI would influence the treatment plan. It did not appear that the applicant had any focal neurologic compromise associated with the cervical spine or upper extremities which would compel the cervical MRI in question. Therefore, the request is not medically necessary.

MRI Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 177-178, 303-304. Decision based on Non-MTUS Citation ODG (<http://www.odg-twc.com/neck.htm>)

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

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 12, page 304, imaging studies should be reserved for cases in which surgery is being considered or red-flag diagnoses are being evaluated. In this case, as with the cervical spine, there was no mention

of the applicant's considering or contemplating any kind of surgical remedy or invasive procedure involving the lumbar spine. It was not clearly stated how (or if) the proposed lumbar MRI would influence the treatment plan. Therefore, the request is not medically necessary.