

<b>Case Number:</b>	CM14-0205082		
<b>Date Assigned:</b>	12/18/2014	<b>Date of Injury:</b>	11/14/2011
<b>Decision Date:</b>	02/18/2015	<b>UR Denial Date:</b>	11/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/08/2014

### 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. 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, Ohio, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 chronic neck and low back pain reportedly associated with an industrial injury of November 14, 2011. In a Utilization Review Report dated November 14, 2014, the claims administrator failed to approve eight sessions of chiropractic manipulative therapy for the lumbar spine and cervical and lumbar MRIs. The claims administrator referenced an RFA form received on November 11, 2014 in its determination. The claims administrator suggested in its determination that the applicant had had prior treatments including at least eight sessions of manipulative therapy in 2014, a TENS unit, lumbar support, physical therapy, and acupuncture. The applicant's attorney subsequently appealed. On the IMR application dated December 4, 2014, the applicant's attorney stated that she was appealing eight sessions of manipulative therapy, the cervical MRI, and the lumbar MRI. On December 6, 2014, the applicant received a topical compounded gabapentin containing cream. On June 3, 2014, the applicant received prescriptions for Flexeril and Norco. Both of these prescriptions were endorsed through preprinted checkboxes, with little-to-no narrative commentary. On June 10, 2014, the applicant reported ongoing complaints of neck, upper back, mid back, and low back pain. The applicant was off of work, the attending provider acknowledged. The applicant had been laid off and terminated by her former employer. The applicant was not working elsewhere. Persistent complaints of mid and low back pain were noted. The applicant was on Norco and Flexeril. The applicant also received acupuncture, it was noted. The applicant exhibited some decreased sensorium about the L5-S1 distribution. The applicant exhibited a normal gait. Upper and lower

extremity reflexes were symmetric. The applicant's motor function was not clearly detailed. Authorization was sought for "updated" cervical and lumbar MRI scans as well as Electrodiagnostic testing of the bilateral upper and bilateral lower extremities. Electrodiagnostic testing of bilateral upper extremities dated August 22, 2014 was notable for moderate left-sided carpal tunnel syndrome, mild-to-moderate right-sided carpal tunnel syndrome.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**8 chiropractic sessions for lumbar and cervical:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation topic. Page(s): 59-60.

**Decision rationale:** While pages 59 and 60 of the MTUS Chronic Pain Medical Treatment Guidelines do support up to 24 sessions of chiropractic manipulative therapy in applicants who demonstrate treatment success by achieving and/or maintaining successful return to work status, in this case, however, the applicant was/is off of work, on total temporary disability. Earlier chiropractic manipulative therapy, including eight sessions in 2014, has not, in fact, proven successful in facilitating the applicant's return to work. Therefore, the request is not medically necessary.

**MRI of the lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305, 309.

**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 reversed for cases in which surgery is being considered or red flag diagnoses are being evaluated. In this case, however, there was neither an explicit statement (nor an implicit expectation) that the applicant was considering or contemplating surgical intervention involving the lumbar spine based on the outcome of the study in question. Rather the attending provider seemingly suggested that he was ordering electrodiagnostic testing of the bilateral upper and bilateral lower extremities, cervical MRI imaging, and lumbar MRI imaging for routine or evaluation purposes, with no clear intention of acting on the results of the same. The applicant's presentation was not, furthermore, suggestive of any lower extremity motor dysfunction which would compel the proposed MRI. Therefore, the request is not medically necessary.

