

Case Number:	CM14-0214864		
Date Assigned:	01/07/2015	Date of Injury:	05/22/2007
Decision Date:	02/28/2015	UR Denial Date:	12/16/2014
Priority:	Standard	Application Received:	12/22/2014

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 62 year old male with the injury date of 05/22/07. Per physician's report 10/31/14, the patient has increased neck at 5/10 and lower back pain at 4/10. The patient reports experiencing numbing sensations in the middle finger and the left buttock. Range of cervical and lumbar spines are decreased in all planes. The patient is currently taking Suboxone, Soma and Gabapentin. The patient is currently not working. EMG of the upper extremity from 09/02/14 reveals 1) bilateral medial neuropathy at wrist (carpal tunnel syndrome). 2) bilateral ulnar neuropathy at the elbow. 3) no evidence of cervical radiculopathy. EMG of the lower extremity from 09/02/14 reveals normal study. X-ray of the lumbar spine from 08/27/14 shows 1) L1-2 moderate disc spacing narrowing . 2) anterior osteophytes. The lists of diagnoses are: 1) cervical stenosis. 2) Cervical DDD. 3) Lumbar HNP. 4) Lumbar stenosis. The treater requested MRI of the cervical and lumbar spine to further evaluate the patient's symptoms and establish a diagnosis. Per 08/27/14 progress report, the patient has neck pain at 4/10 and back pain at 7/10. The patient sees a psychiatrist for his stress and anxiety. The patient has had 19 sessions of chiropractic treatment, 24 sessions of acupuncture, 24 sessions of physical therapy, 2 LESIs and 3 neck surgeries in the past. All helped the patient with "significant reduction in pain." The utilization review determination being challenged is dated on 12/16/14. Two treatment reports were provided on 08/27/14 and 10/31/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chronic Pain Treatment Guidelines California Code of Regulations, Title 8. Effective July 18, 2009.

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

Decision rationale: The patient presents with pain and weakness in his neck, lower back and extremities. The request is for MRI OF THE CERVICAL SPINE. Review of the reports does not show that the patient has had a previous MRI of the cervical spine. MTUS guidelines do not discuss MRIs. The ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 8, Neck and Upper Back, pages 177-178 under Special Studies and Diagnostic and Treatment Considerations states: Unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist. ACOEM guidelines do not recommend it unless there is an emergence of a red flag, physiologic evidence of tissue insult or neurologic dysfunction, failure to progress in a strengthening program intended to avoid surgery, or clarification of the anatomy prior to an invasive procedure. In this case, the patient has neck pain but no radicular symptoms to be concerned about any neurologic issues. There are no red flags and examination findings are not concerning. EMG was negative for any nerve root issues either. 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.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Low back chapter, MRI

Decision rationale: The patient presents with pain and weakness in his neck, lower back and extremities. The request is for MRI OF THE LUMBAR SPINE. Review of the reports does not show that the patient has had a previous MRI of the lumbar spine. ACOEM guidelines, Chapter 12, page 303 states: "Unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. ODG does not recommend it unless progression of neurologic deficit is suspected; for post-operative, and for neurologic signs and symptoms. In this case, the patient has no radicular symptoms other than some numbness in the buttock. No neurologic findings are documented on examination. There are no red flags. The request IS NOT medically necessary.

Chiropractic Treatment (12-sessions, for the neck and low back): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Chiropractic Association 2007, Aug; 44(6): 6-15

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58-59.

Decision rationale: The patient presents with pain and weakness in his neck, lower back and extremities. The request is for 12 SESSIONS OF CHIROPRACTIC TREATMENT FOR THE NECK AND LOWER BACK. The patient has had 19 sessions of chiropractic treatment in the past. MTUS guidelines page 58-59 allow up to 18 sessions of chiropractic treatment following initial trial 3-6, with evidence of objective functional improvement. In this case, none of the reports discuss how the patient has responded to the chiropractic treatment in terms of pain reduction or functional improvement, except significant reduction in pain. The current request for 8 combined with 19 already received would exceed what is recommended per MTUS guidelines. The request of chiropractic treatment IS NOT medically necessary.