

Case Number:	CM15-0010797		
Date Assigned:	01/28/2015	Date of Injury:	08/25/2014
Decision Date:	03/18/2015	UR Denial Date:	12/23/2014
Priority:	Standard	Application Received:	01/20/2015

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: New York

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease

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 injured worker is a 63 year old male who sustained an industrial injury on 8/25/14. The injured worker reported symptoms in the neck, back and knee. The diagnoses included fall from one level to another, right elbow contusion/sprain/strain, lumbar sprain/strain, lumbar radiculopathy, bilateral lower extremities, thoracic spin sprain/strain, cervical spine sprain/strain, cervical spine radiculitis, and bilateral upper extremities. Treatments to date have included oral anti-inflammatory medications, oral pain medications, oral muscle relaxants, and physical therapy and chiropractic treatments. A progress note from the treating provider dated 11/24/14 indicates the injured worker was with decreased range of motion and "complained of neck pain radiating to the left shoulder and both arms low back pain radiating to both legs and feet". On 12/23/14, Utilization Review non-certified the request for magnetic resonance imaging cervical, chiropractic therapy, cervical, lumbar and magnetic resonance imaging lumbar. The ACOEM Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI cervical: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 165 - 188.

Decision rationale: He has not returned to work since the date of injury 08/25/2014. On 09/05/2014 there was decreased cervical range of motion but strength was normal. The report dated 10/17/2014 noted that he had a cervical MRI. The results were not provided in the 11/24/2014 note. He had treatment with physical therapy - 6 visits and chiropractic therapy - 6 visits. There were no red flag signs. There is no support in the MTUS, ACOEM guidelines for a second MRI without documentation of the results of the first one. There was no documented significant change in the clinical picture. The requested MRI was not medically necessary.

Chiropractic therapy cervical, lumbar: Upheld

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

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

Decision rationale: The patient had a trial of 6 chiropractic manipulation treatments (in addition to physical therapy for another 6 visits). There is no objective documentation of functional improvement. MTUS, Chronic Pain notes that without objective documentation of functional improvement continued chiropractic therapy is not medically necessary. Continued chiropractic manipulation is not medically necessary for this patient and is not consistent with MTUS guidelines.

MRI lumbar: 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): 287 - 316.

Decision rationale: He has not returned to work since the date of injury 08/25/2014. On 09/05/2014 there was decreased lumbar range of motion but strength was normal. The report dated 10/17/2014 noted that he had a lumbar MRI. The results were not provided in the 11/24/2014 note. He had treatment with physical therapy - 6 visits and chiropractic therapy - 6 visits. There were no red flag signs. There is no support in the MTUS, ACOEM guidelines for a second MRI without documentation of the results of the first one. There was no documented significant change in the clinical picture. The requested MRI was not medically necessary.