

<b>Case Number:</b>	CM15-0117581		
<b>Date Assigned:</b>	06/25/2015	<b>Date of Injury:</b>	05/15/2015
<b>Decision Date:</b>	09/23/2015	<b>UR Denial Date:</b>	06/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/18/2015

### 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: Florida  
 Certification(s)/Specialty: Neurology, Pain Management

### 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 46 year old female with an industrial injury dated 05/15/2015. The injured worker's diagnoses include thoracic back pain, lumbar back pain, upper extremity pain, muscle spasm, and paresthesia. Treatment consisted of pending X-ray and follow up visit. In a progress note dated 05/29/2015, the injured worker reported low back pain with radiation to the left leg. The injured worker also reported numbness in fingers & elbow and bilateral wrist pain. Objective findings revealed motor function was within normal limits, sensory exam was within normal limits and coordination was within normal limits. The treating physician prescribed services for 8 sessions of chiropractic therapy, 9 sessions of acupuncture therapy, lumbosacral spine MRI, cervical spine MRI and bilateral wrist MRI now under review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic therapy Qty: 8.00:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines manipulation therapy Page(s): 58.

**Decision rationale:** The medical records indicate pain related to musculoskeletal condition that has not improved with conservative treatment of medications. MTUS supports manual therapy (chiropractic treatment) as an option for up to 18 visits over 6-8 weeks with evidence of functional improvement. As such the medical records support chiropractic care. The request is medically necessary.

**Acupuncture therapy Qty: 9.00:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) neck, acupuncture.

**Decision rationale:** The medical records indicate neck pain without neurologic deficit. ODG guidelines support initial trial of 3-4 visits. The requested treatment exceeds the ODG guidelines as it is 9 visits and there is no indication of previous treatment or objective functional gain reported from an initial trial. As such 9 visits of acupuncture are not supported by the medical records provided for review. The request is not medically necessary.

**Lumbosacral spine MRI Qty: 1.00:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) low back, MRI.

**Decision rationale:** The medical records report there is no change in neurologic status of the insured per examination. The strength, sensation, and reflexes were reported normal. In the absence of objective neurologic change and with no documentation of a suspicion of cancer, infection or structural instability, MRI of the lumbosacral spine is not supported under ODG guidelines.

**Cervical spine MRI Qty: 1.00:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) neck, MRI.

**Decision rationale:** The medical records report there is no change in neurologic status of the insured per examination. The strength, sensation, and reflexes were reported normal. In the absence of objective neurologic change and with no documentation of a suspicion of cancer, infection or structural instability, MRI of the cervical spine is not supported under ODG guidelines. The request is not medically necessary.

**Right wrist MRI Qty: 1.00:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) wrist, MRI.

**Decision rationale:** The medical records report there is no change in neurologic status of the insured per examination. The strength, sensation, and reflexes were reported normal. In the absence of objective neurologic change and with no documentation of a suspicion of cancer, infection or structural instability, MRI of the right wrist is not supported under ODG guidelines. The request is not medically necessary.

**Left wrist MRI Qty: 1.00:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) wrist, MRI.

**Decision rationale:** The medical records report there is no change in neurologic status of the insured per examination. The strength, sensation, and reflexes were reported normal. In the absence of objective neurologic change and with no documentation of a suspicion of cancer, infection or structural instability, MRI of the left wrist is not supported under ODG guidelines. The request is not medically necessary.