

Case Number:	CM15-0174350		
Date Assigned:	09/16/2015	Date of Injury:	01/09/2013
Decision Date:	10/16/2015	UR Denial Date:	08/24/2015
Priority:	Standard	Application Received:	09/04/2015

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: Texas, Florida, 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 injured worker is a 59 year old female, who sustained an industrial injury on 01-09-2013. She has reported injury to the neck, right shoulder-arm, right leg, and low back. The diagnoses have included lumbar spine sprain-strain; lumbar multilevel discogenic disease; lumbar radiculopathy overuse syndrome involving the cervical spine with sprain-strain; cervical discogenic disease; thoracic spine sprain-strain; right and left shoulder with sprain-strain; and severe pain-related anxiety and depression. Treatment to date has included medications, diagnostics, activity modification, lumbar spine orthosis, acupuncture, chiropractic therapy, physical therapy. It is noted that prior acupuncture, chiropractic, and physical therapies have been helpful in relieving symptoms. Medications have included Naproxen, Cyclobenzaprine, Tramadol, Xanax, Ambien, and Omeprazole. A progress report from the treating provider, dated 08-10-2015, documents a follow-up visit with the injured worker. Currently, the injured worker complains of constant neck pain, rated at 5 out of 10 in intensity; constant bilateral shoulder pain, rated at 4 out of 10 in intensity; constant mid-back pain, rated at 4-5 out of 10 in intensity; and constant low back pain, rated at 4-5 out of 10 in intensity. Objective findings have included decreased ranges of motion of the cervical spine; and decreased ranges of motion of the lumbar spine. It is noted by the treating physician that an open MRI is ordered due to the injured worker's claustrophobia. The treatment plan has included the request for open MRI lumbar spine; and chiropractic treatment 3x6 lumbar spine to start once done with PT and range of motion testing for the lumbar spine. The original utilization review, dated 08-25-2015, non-certified a request for open MRI lumbar spine; and chiropractic treatment 3x6 lumbar spine to start once done with PT and range of motion testing for the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Open MRI Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies.

Decision rationale: This claimant was injured in 2013. She has reported injury to the neck, right shoulder-arm, right leg, and low back. The diagnoses have included lumbar spine sprain-strain; lumbar multilevel discogenic disease; lumbar radiculopathy overuse syndrome involving the cervical spine with sprain-strain; cervical discogenic disease; thoracic spine sprain-strain; right and left shoulder with sprain-strain; and severe pain-related anxiety and depression. Under MTUS/ACOEM, although there is subjective information presented in regarding increasing pain, there are little accompanying physical signs. Even if the signs are of an equivocal nature, the MTUS note that electrodiagnostic confirmation generally comes first. They note, "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. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study". The guides warn that indiscriminate imaging will result in false positive findings, such as disk bulges, that are not the source of painful symptoms and do not warrant surgery. It can be said that ACOEM is intended for more acute injuries; therefore other evidence-based guides were also examined. The ODG guidelines note, in the Low Back Procedures section: Lumbar spine trauma: trauma, neurological deficit, lumbar spine trauma: seat belt (chance) fracture (If focal, radicular findings or other neurologic deficit), uncomplicated low back pain, suspicion of cancer, infection, uncomplicated low back pain, with radiculopathy, after at least 1 month conservative therapy, sooner if severe or progressive neurologic deficit. (For unequivocal evidence of radiculopathy, see AMA Guides, 5th Edition, page 382-383.) (Andersson, 2000), uncomplicated low back pain, prior lumbar surgery, uncomplicated low back pain, cauda equina syndrome. These criteria are also not met in this case; the request is not medically necessary under the MTUS and other evidence-based criteria.

Chiropractic treatment 3x6 Lumbar Spine to start once done with PT and Range of motion testing for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation.

Decision rationale: This claimant was injured in 2013. She has reported injury to the neck, right shoulder-arm, right leg, and low back. The diagnoses have included lumbar spine sprain-strain; lumbar multilevel discogenic disease; lumbar radiculopathy overuse syndrome involving the cervical spine with sprain-strain; cervical discogenic disease; thoracic spine sprain-strain; right and left shoulder with sprain-strain; and severe pain-related anxiety and depression. The MTUS stipulates that the intended goal of chiropractic care is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. It notes for that elective and maintenance care is not medically necessary. The guides further note that treatment beyond 4-6 visits should be documented with objective improvement in function. Further, in Chapter 5 of ACOEM, it speaks to leading the patient to independence from the healthcare system, and self-care. It notes that over treatment often results in irreparable harm to the patient's socioeconomic status, home life, personal relationships, and quality of life in general. The patient and clinician should remain focused on the ultimate goal of rehabilitation leading to optimal functional recovery, decreased healthcare utilization, and maximal self-actualization. Objective, functional improvement out of past rehabilitative efforts is not known. The amount of chiropractic care proposed is excessive, and to automatically start it without assessment of objective, functional improvement out of the physical therapy, is not clinically appropriate. Finally, range of motion testing is a basic part of physical examination, and simply does not need specialized testing or equipment. The requests are not medically necessary.