

Case Number:	CM15-0022662		
Date Assigned:	02/12/2015	Date of Injury:	04/27/2009
Decision Date:	05/13/2015	UR Denial Date:	01/15/2015
Priority:	Standard	Application Received:	02/06/2015

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: California, Arizona
 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 injured worker is a 42-year-old female with a reported date of injury on 04/27/2009; the mechanism of injury was not provided for review. The injured worker is currently being treated for lumbar and cervical herniated nucleus pulposus. The injured worker's prior treatments to date were noted to include 11 sessions of physical therapy and 12 sessions of acupuncture. A progress note from 11/21/2014 noted the patient requested authorization for chiropractic treatment for the cervical and lumbar spine; however, it remains unclear whether the patient actually received chiropractic treatment. The most recent progress note was dated 02/02/2015 indicated that the patient was being seen for subjective complaints of increased pain to the lumbar and cervical spine. On physical examination, there was evidence of positive tenderness to palpation to the paraspinal musculature with spasms to the lumbar and thoracic spine. Range of motion was restricted during flexion and extension due to pain. There was also evidence of positive straight leg raise. Examination of the cervical spine demonstrated positive Spurling's as well as tenderness to palpation with spasms to the paraspinal musculature. The treatment plan included recommendation for chiropractic treatment for lumbar and cervical spine, physical therapy for the lumbar and cervical spine, MRI of thoracic spine to rule out herniated nucleus pulposus, and acupuncture for lumbar and cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiro Two Times A Week For Six Weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation Page(s): 58-60.

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

Decision rationale: According to the California MTUS Guidelines, manual therapy and manipulation may be recommended in patients for treatment of chronic pain caused by musculoskeletal conditions up to 18 visits over 8 weeks. While manual manipulation is recommended by guidelines, it remains unclear whether the patient has previously received chiropractic treatment in the past and if so how many sessions the patient had received. Additionally, the request exceeds the guideline recommendations of a trial of 6 visits over 2 weeks prior to consideration of additional sessions of chiropractic treatment being provided. Therefore, the request for chiro 2 times a week for 6 weeks is not medically necessary.

Acupuncture Two Times A Week For Six Weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The California MTUS Guidelines state that acupuncture may be used an option when pain medication is reduced or not tolerated or may be used as an adjunct to physical rehabilitation or surgical intervention to hasten function recovery. The guidelines continue to state that acupuncture may be provided up to 1 to 2 times per week up to 2 months. It was noted in the documentation provided that the patient had previously been treated with 12 sessions of acupuncture; however, there is no documentation provided regarding the patient's therapeutic benefit with the therapy. Additionally, there is lack of evidence in the documentation that this treatment modality is being provided due to pain medication being reduced or not tolerated. Therefore, the request for acupuncture 2 times a week for 6 weeks is not medically necessary.

Physician Therapy Two Times A Week For Six Weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy Guidelines Page(s): 99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: According to the California MTUS Guidelines, physical therapy may be recommended to restore flexibility, strength, endurance, function, range of motion, and to alleviate discomfort up to 10 visits over 8 weeks. The guidelines continue to state that patients

are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. The documentation provided indicated the patient had previously been provided with 11 sessions of physical therapy. While there is evidence of positive therapeutic benefit with these sessions, there is lack of exceptional factors noted in the documentation that would warrant additional therapy beyond the guideline recommendations. Additionally, there is lack of evidence the patient has maintained a home exercise program. Therefore, the request for physical therapy 2 times a week for 6 weeks is not medically necessary.

MRI Thoracic Spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Low Back, Physical Therapy Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

Decision rationale: According to the American College of Occupational and Environmental Medicine Guidelines, unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging study in patients who do not respond to treatment and who would consider surgery an option. The guidelines continue to state when neurological examination is less clear, further physiological evidence of nerve dysfunction should be obtained before imaging study. There is lack of symptomatology or objective exam findings that would support an MRI of the thoracic spine. Relying solely on imaging studies to evaluate the source of low back and related symptoms carries a significant risk of diagnostic confusion. Therefore, the request for MRI of the thoracic spine is not medically necessary.