

<b>Case Number:</b>	CM15-0065853		
<b>Date Assigned:</b>	04/13/2015	<b>Date of Injury:</b>	03/24/2014
<b>Decision Date:</b>	05/12/2015	<b>UR Denial Date:</b>	03/31/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/07/2015

### 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  
 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 62-year-old female with an industrial injury dated March 24, 2014. The injured worker diagnoses include thoracic spine strain, lumbar spine strain, right wrist/hand strain, right knee strain, and left knee strain. She has been treated with diagnostic studies, prescribed medications and periodic follow up visits. According to the progress note dated 3/11/2015, the injured worker reported pain in the upper back, lower back, right wrist/hand, and bilateral knee. Objective findings revealed light touch sensation at right index tip, right dorsal thumb web, right small tip are intact. The treating physician prescribed services for Magnetic Resonance Imaging (MRI) of the thoracic spine, chiropractic and ergonomic work station now under review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI of the thoracic 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): Chapter 12- Low Back Complaints, Imaging, pages 303-304.

**Decision rationale:** Per ACOEM Treatment Guidelines for the Back Disorders, under Special Studies and Diagnostic and Treatment Considerations, states Criteria for ordering imaging studies, include Emergence of a red flag; Physiologic evidence of tissue insult or neurologic dysfunction; Failure to progress in a strengthening program intended to avoid surgery; Clarification of the anatomy prior to an invasive procedure. Physiologic evidence may be in the form of definitive neurologic findings on physical examination and electrodiagnostic studies. Unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist; however, review of submitted medical reports have not adequately demonstrated the indication for MRI of the Thoracic spine nor document any specific clinical findings to support this imaging study as the patient is without specific dermatomal or myotomal neurological deficits. When the neurologic examination is less clear, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. The MRI of the thoracic spine is not medically necessary and appropriate.

**Chiropractic, twelve (12) visits (2x6):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chiropractic Care, Manual Therapy & Manipulation, Treatment, Pages 58-60.

**Decision rationale:** MTUS Guidelines supports chiropractic manipulation for musculoskeletal injury. It is unclear how many sessions have been completed to date. Submitted reports have not demonstrated clear specific functional benefit or change in chronic symptoms and clinical findings for this chronic injury. There are unchanged clinical findings and functional improvement in terms of decreased pharmacological dosing with pain relief, decreased medical utilization, increased ADLs or improved work/functional status from treatment already rendered by previous chiropractic care. Clinical exam remains unchanged without acute flare-up or new red-flag findings. It appears the patient has received an extensive conservative treatment trial; however, remains unchanged without functional restoration approach. The Chiropractic, twelve (12) visits (2x6) is not medically necessary and appropriate.

**Ergonomic work station:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 1 Prevention.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Workplace Environment Assessment, pages 64-74.

**Decision rationale:** Guidelines support evaluation of work station of injured worker who have sustained a cumulative trauma as it would provide added benefit and prevent exacerbation and

recurrences of the condition as preventative efforts also are needed to be sure that other workers do not experience similar problems. However, submitted medical reports have not identified any result for change from any ergonomic evaluation performed or indicated specific ergonomic restructuring of work area that would prevent injury. The Ergonomic work station is not medically necessary and appropriate.