

Case Number:	CM15-0071886		
Date Assigned:	04/22/2015	Date of Injury:	10/03/2013
Decision Date:	06/11/2015	UR Denial Date:	03/30/2015
Priority:	Standard	Application Received:	04/15/2015

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 Jersey

Certification(s)/Specialty: Family Practice

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 66 year old male who sustained an industrial injury on 10/3/13 when he fell backwards four feet from a truck landing on a concrete curb, injuring his neck and spine. He currently complains of low back pain, left hip pain with pain and tingling down the left lower extremity, mid-back pain, upper back pain, neck pain, sleep disturbances resulting from chronic musculoskeletal pain. He exhibits decreased range of motion of the cervical and lumbar spine. Industrial medications are Pennsaid topical, Naprosyn. Diagnoses include lumbar sprain, rule out disc herniation; lumbosacral radiculitis; thoracic strain; cervical strain, rule out disc herniation; severe degenerative disc disease lumbar spine. Treatments to date include medication and physical therapy. Diagnostics include MRI of the cervical spine (3/14/15) abnormal findings; MRI of the lumbar spine (3/14/15) abnormal findings; x-rays of the thoracic and thoracic spine (no date) and were abnormal. The request for authorization dated 2/6/15 includes chiropractic care with spinal manipulation with adjunctive physical therapy modalities for six sessions and then evaluate; MRI of the cervical and lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic care for the thoracic spine 2 times a week for 3 weeks: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58-60.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines state that for musculoskeletal conditions, manual therapy & manipulation is an option to use for therapeutic care within the limits of a suggested 6 visits over 2 weeks, with evidence of objective functional improvement, and a total of up to 18 visits over 6-8 weeks. It may be considered to include an additional 6 session (beyond the 18) in cases that show continual improvement for a maximum of 24 total sessions. The MTUS Guidelines also suggest that for recurrences or flare-ups of pain after a trial of manual therapy was successfully used, there is a need to re-evaluate treatment success, and if the worker is able to return to work then 1-2 visits every 4-6 months is warranted. Manual therapy & manipulation is recommended for neck and back pain, but is not recommended for the ankle, foot, forearm, wrist, hand, knee, or for carpal tunnel syndrome. In the case of this worker, there was no record of having completed chiropractic manipulation for the neck, thoracic spine, or lumbar spine leading up to this request. The previous reviewer suggested that as the neck and lower back chiropractor sessions were approved for trial, the thoracic sessions were not. Upon review of the documentation, there was no indication that the worker should not attend at least a trial of chiropractic manipulation of the cervical spine as well as the lumbar and thoracic spine as the worker's pain is involving all these areas together. Therefore, the request for chiropractic care x6 sessions is considered medically necessary and appropriate.

MRI scan of the cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

Decision rationale: The MTUS ACOEM Guidelines state that for most patients presenting with true neck or upper back problems, special studies are not needed unless a 3-4 week period of conservative care and observation fails to improve symptoms. The criteria for considering MRI of the cervical spine includes: emergence of a red flag, physiologic evidence of tissue insult or neurologic dysfunction, failure to progress in a strengthening program intended to avoid surgery, looking for a tumor, and clarification of the anatomy prior to an invasive procedure. Upon review of the documentation provided, there was insufficient subjective and objective findings suggestive of spinal radiculopathy, which would warrant MRI of the cervical area for further evaluation. There were also no signs or symptoms suggestive of red flag diagnoses which would require this imaging. Therefore, the request for MRI of the cervical spine will be considered medically unnecessary at this time.

MRI scan of the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 304.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 296-310. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back section, MRI.

Decision rationale: MTUS Guidelines for diagnostic considerations related to lower back pain or injury require that for MRI to be warranted there needs to be unequivocal objective clinical findings that identify specific nerve compromise on the neurological examination (such as sciatica) in situations where red flag diagnoses (cauda equina, infection, fracture, tumor, dissecting/ruptured aneurysm, etc.) are being considered, and only in those patients who would consider surgery as an option. In some situations where the patient has had prior surgery on the back, MRI may also be considered. The MTUS also states that if the straight-leg-raising test on examination is positive (if done correctly) it can be helpful at identifying irritation of lumbar nerve roots, but is subjective and can be confusing when the patient is having generalized pain that is increased by raising the leg. The Official Disability Guidelines (ODG) state that for uncomplicated low back pain with radiculopathy MRI is not recommended until after at least one month of conservative therapy and sooner if severe or progressive neurologic deficit is present. The ODG also states that repeat MRI should not be routinely recommended, and should only be reserved for significant changes in symptoms and/or findings suggestive of significant pathology. The worker in this case, upon review of the documentation provided, there was insufficient subjective and objective findings suggestive of spinal radiculopathy which would warrant MRI of the lumbar area for further evaluation. There were also no signs or symptoms suggestive of red flag diagnoses which would require this imaging. Therefore, the request for MRI of the lumbar spine will be considered medically unnecessary at this time.