MAXIMUS Federal Services

Case Number:	CM15-0093718		
Date Assigned:	05/20/2015	Date of Injury:	03/09/2015
Decision Date:	06/22/2015	UR Denial Date:	05/05/2015
Priority:	Standard	Application Received:	05/14/2015

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: 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 54 year old male, who sustained an industrial injury on 03/09/2015. He has reported subsequent low back pain and was diagnosed with lumbar sprain/strain. Treatment to date has included oral and topical pain medication, home exercise program, application of heat and physical therapy. In a progress note dated 03/11/2015, the injured worker complained of low back pain. Objective findings were notable for a slow gait, decreased range of motion of the lumbar spine and moderate tenderness to palpation of the lumbar paraspinal musculature. A request for authorization of 12 sessions of chiropractic therapy, MRI of the lumbar spine and functional improvement measures using NIOSH testing for 30 days was submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic visits 2 times a week for 6 weeks (back) total 12 visits: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-299. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low back, chiropractic guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation Section Page(s): 58-61.

Decision rationale: Per the MTUS Guidelines, chiropractic care consisting of manual therapy and manipulation for the low back is recommended for chronic pain if caused by musculoskeletal conditions. Manual therapy is widely used in the treatment of musculoskeletal pain. The intended goal or effect 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. A therapeutic trial of 6 visits over 2 weeks is recommended. If there is evidence of objective functional improvement, a total of up to 18 visits over 6 to 8 weeks is recommended. Elective or maintenance care is not recommended. Recurrences or flare-ups should be evaluated for treatment success, and if return to work is achieved, 1-2 visits every 4-6 months is reasonable. The available documentation reveals a recent history of acute pain and chiropractor care is warranted. However, the request for 12 visits exceeds the recommended guidelines for initial care. The request for chiropractic visits 2 times a week for 6 weeks (back) total 12 visits is determined to not be medically necessary.

Magnetic Resonance Imaging (MRI) of the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low back, MRI.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 297, 303, 304, 309.

Decision rationale: The MTUS Guidelines do not recommend the routine use of MRI with low back complaints. MRI should be reserved for cases where there is physiologic evidence that tissue insult or nerve impairment exists, and the MRI is used to determine the specific cause. MRI is recommended if there is concern for spinal stenosis, cauda equine, tumor, infection or fracture is strongly suspected, and x-rays are negative. There is no evidence of neurological deficit on exam. The request for MRI of lumbar spine is determined to not be medically necessary.

Functional improvement measurement with functional improvement measures using NIOSH testing/30 days: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), guidelines for performing an FCE.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Programs (FPRs) Page(s): 49.

Decision rationale: The MTUS Guidelines recommend the use of functional restoration programs (FRPs) although research is still ongoing as to how to most appropriately screen for

inclusion in these programs. FRPs are geared specifically to patients with chronic disabling occupational musculoskeletal disorders. These programs emphasize the importance of function over the elimination of pain. Treatment is not suggested for longer than two weeks without evidence of demonstrated efficacy as documented by subjective and objective gains. There is no indication in the available documentation that the injured worker is unable to tolerate current work status.