

Case Number:	CM14-0153235		
Date Assigned:	09/23/2014	Date of Injury:	06/10/2014
Decision Date:	11/05/2014	UR Denial Date:	09/12/2014
Priority:	Standard	Application Received:	09/19/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Illinois. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

According to the records made available for review, this is a 29-year-old male with a 6/10/14 date of injury. At the time (6/19/14) of request for authorization for 8 Chiropractic visits including myofascial release, CMT, electro stimulation, mechanical traction between 6/19/2014 and 11/9/2014, One (1) MRI of cervical, thoracic, and lumbar spine between 6/19/2014 and 11/9/2014, One (1) X-ray of cervical, thoracic, and lumbar spine between 6/19/2014 and 11/9/2014, One (1) lumbar spine orthopedic consultation between 6/19/2014 and 11/9/2014, and One (1) follow-up between 6/19/2014 and 11/9/2014, there is documentation of subjective (neck and lower back pain associated with loss of leg strength) and objective (tenderness over the lumbar, thoracic, and cervical paravertebral muscles with spasm, decreased range of motion, pain on cervical compression test, and pain on Kemp's test) findings, current diagnoses (cervical disc protrusion, cervical sprain/strain, thoracic disc protrusion, thoracic sprain/strain, lumbar disc protrusion, lumbar myofascitis, and lumbar sprain/strain), and treatment to date (medications). Medical report identifies that the request for follow-up is to address patient's status and treatment plan. Regarding Chiropractic visits, there is no documentation of chronic pain caused by musculoskeletal conditions. Regarding MRI, there is no documentation of red flag diagnoses where plain film radiographs are negative; and failure of conservative treatment. Regarding X-ray of the cervical, thoracic, and lumbar spine, there is no documentation of a three to four week period of conservative care. Regarding Orthopedic consult, there is no documentation that consultation is indicated to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 Chiropractic Visits Including Myofascial Release, CMT, Electro Stimulation, Mechanical Traction Between 6/19/2014 and 11/9/2014: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 146, 298-299, 300.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-300.

Decision rationale: The American College of Occupational and Environmental Medicine indicates that comfort is often a patient's first concern. If treatment response is inadequate, prescribed pharmaceuticals or physical methods may be added. The guidelines further indicate a trial of manipulation for patients with radiculopathy may be an option, and it appears safe and effective in the first few weeks of back pain without radiculopathy. Additionally, traction has not been proven to be effective for lasting relief in low back pain. Physical modalities such as massage, diathermy, cutaneous laser treatment, ultrasound, transcutaneous electrical nerve stimulation units, percutaneous electrical nerve stimulation units, and biofeedback have no proven efficacy in treating acute low back symptoms. The clinical documentation submitted for review indicated the injured worker had reported injury 9 days prior to the requested interventions. There was a lack of documentation indicating the injured worker had failed nonprescription analgesics. There was a lack of documented rationale for the requested intervention. Additionally, the request as submitted failed to indicate the body part to be treated with chiropractic therapy. Given the above, the request for 8 Chiropractic Visits Including Myofascial Release, CMT, Electro Stimulation, Mechanical Traction Between 6/19/2014 and 11/9/2014 is not medically necessary.

One (1) MRI of Cervical, Thoracic, and Lumbar Spine Between 6/19/2014 and 11/9/2014: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints Page(s): 177-178, and 303.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints Page(s): 303-305 177-179.

Decision rationale: The American College of Occupational and Environmental Medicine indicates that special studies are not recommended in patients with low back pain in the absence of red flags for spinal pathology. There should be documentation of unequivocal findings that identify specific nerve root compromise on the neurologic examination to warrant imaging in injured workers who do not respond to treatment and who would consider surgery an option. Additionally, per the American College of Occupational and Environmental Medicine, for most injured workers presenting with true neck or upper back problems, special studies are not needed unless a 3 or 4 week period of conservative care and observation fails to improve symptoms. The clinical documentation submitted for review indicated the injured worker reported injury on

06/10/2014. There was a lack of documentation of 3 to 4 weeks of conservative care. Additionally, there was a lack of documentation indicating the injured worker had nerve compromise per examination. Given the above, the request for One (1) MRI of Cervical, Thoracic, and Lumbar Spine Between 6/19/2014 and 11/9/2014 is not medically necessary.

One (1) X-Ray of cervical, Thoracic, and Lumbar Spine Between 6/19/2014 and 11/9/2014: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints Page(s): 182, and 303.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints Page(s): 303-305 177-179.

Decision rationale: The American College of Occupational and Environmental Medicine indicates that special studies are not recommended in patients with low back pain in the absence of red flags for spinal pathology. Lumbar spine x-rays should not be recommended in patients with low back pain in the absence of red flags for serious spinal pathology, even if the pain is persistent for at least 6 weeks. It may be appropriate when the physician believes it would aid in the injured worker's management. Additionally, per the American College of Occupational and Environmental Medicine, for most injured workers presenting with true neck or upper back problems, special studies are not needed unless a 3 or 4 week period of conservative care and observation fails to improve symptoms. The clinical documentation submitted for review indicated the injured worker reported injury on 06/10/2014. There was a lack of documentation of 3 to 4 weeks of conservative care. Given the above, the request for One (1) X-Ray of cervical, Thoracic, and Lumbar Spine Between 6/19/2014 and 11/9/2014 is not medically necessary. Additionally, there was a lack of documentation indicating the injured worker had nerve compromise per examination. As such, the request is not medically necessary.

One (1) Lumbar Spine Orthopedic Consultation Between 6/19/2014 and 11/9/2014: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 288 and 306.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-307.

Decision rationale: The American College of Occupational and Environmental Medicine indicates a surgical consultation may be appropriate for injured workers who have severe and disabling lower leg symptoms in a distribution consistent with abnormalities on imaging, preferably with accompanying objective signs of neural compromise. There should be documentation of activity limitation due to radiating leg pain for more than 1 month or extreme progression of lower leg symptoms. There should be documentation of clear clinical, imaging, and electro-physiologic evidence of a lesion that has been shown to benefit in both the short and long term from surgical repair. There should be documentation of a failure of conservative treatment to resolve disabling radicular symptoms. The clinical documentation submitted for

review failed to meet the above criteria. There is a lack of documentation of neural compromise, and there was a lack of documentation of clear clinical, imaging, and electro-physiologic evidence of a lesion. Given the above, the request for One (1) Lumbar Spine Orthopedic Consultation Between 6/19/2014 and 11/9/2014 is not medically necessary.

One (1) Follow-Up Between 6/19/2014 and 11/9/2014: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Low Back Chapter, Office Visit

Decision rationale: The Official Disability Guidelines indicate the need for a clinical office visit with a healthcare provider is individualized based upon review of the injured worker's concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The clinical documentation submitted for review failed to provide documented rationale for a return visit. Additionally, the request as submitted failed to indicate the type of follow-up visit, whether it was a general practitioner or a specialist. Given the above, the request for One (1) Follow-Up Between 6/19/2014 and 11/9/2014 is not medically necessary.