MAXIMUS Federal Services

Case Number:	CM13-0015834		
Date Assigned:	10/11/2013	Date of Injury:	11/16/2010
Decision Date:	01/14/2014	UR Denial Date:	08/05/2013
Priority:	Standard	Application Received:	08/23/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedic Surgery, and is licensed to practice in California. 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 physician 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:

The claimant is a 37-year-old gentleman who sustained an injury to his low back in a work-related accident on November 16, 2010. Recent records for review include a January 9, 2013 electrodiagnostic study report to the bilateral lower extremities showing a moderate chronic bilateral L5 and S1 lumbar radiculopathy. The most recent clinical progress report for review is from September 10, 2013 with [redacted], stating the claimant's symptoms are "stable" with formal physical examination findings not documenting an orthopedic or neurologic assessment. The recommendations were for the continuation of medications including Cymbalta as well as hydrocodone, Naprosyn, and omeprazole. Further clinical imaging is formally not available for review. It is documented that in 2008 he underwent a lumbar fusion. The last physical examination for review is from August 27, 2013 that documented 5/5 motor strength to the lower extremities, tenderness over the cervical, thoracic, and lumbar paraspinous muscles with restricted range of motion, a positive bilateral straight leg raise, positive Patrick and reverse Thompson testing. Radiographs of the neck and low back at that date did not demonstrate instability. A CT scan of the lumbar spine was recommended at that date due to ongoing complaints of pain. It was stated at that time that the claimant should also "cut down on use of Norco and will utilize Cymbalta at nighttime for relief." At present, there is a request for a CT scan of the lumbar spine as well as referral to a pain management specialist for the claimant's lumbar complaints.

IMR ISSUES, DECISIONS AND RATIONALES

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

CT scan of lumbar spine: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment in Worker's Comp, 18th Edition, low back procedures.

Decision rationale: CA MTUS ACOEM states "If physiologic evidence indicates tissue insult or nerve impairment, the practitioner can discuss with a consultant the selection of an imaging test to define a potential cause (magnetic resonance imaging [MRI] for neural or other soft tissue, computer tomography [CT] for bony structures)". The August 27, 2013 assessment indicated that the claimant's lumbar spine continues to be with discomfort following the fusion procedure with physical examination specific for lumbar axial complaints; radiographs performed at that time were inconclusive. With a documented history of prior fusion paired with clinical findings consistent with nerve root impairment, the CT of the lumbar spine would be considered as medically necessary.

Pain specialist consultation, lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation CA MTUS ACOEM OMPG (Second Edition, 2004), Chapter 7 Independent Medical Examinations and Consultations, page 127.

Decision rationale: Based on California ACOEM guidelines, referral to a pain management specialist in this case cannot be supported. A referral for a pain management would not be appropriate prior to establishing the current etiology of the claimant's complaints and a diagnosis; the type of and necessary treatment would best be established at that point. As continued workup has been recommended that should be completed prior to referral for pain management consultation.