MAXIMUS Federal Services

Case Number:	CM13-0018113		
Date Assigned:	10/11/2013	Date of Injury:	04/07/2012
Decision Date:	01/07/2014	UR Denial Date:	08/08/2013
Priority:	Standard	Application Received:	08/29/2013

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 Internal Medicine, Pulmonary Diseases 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 patient is a 55-year-old female who reported an injury on 04/07/2012 due to an undetermined motion while performing normal job duties causing low back pain. The patient complained of low back pain described as 6/10. Objective findings included restricted range of motion secondary to pain, tenderness to palpation over the paraspinous musculature bilaterally. It was noted that the patient had absent knee jerk and ankle jerks, and a positive straight leg raising test bilaterally at 80 degrees. The patient underwent an electrodiagnostic study in 08/2013 that provided normal findings and lacked evidence of neuropathy or radiculopathy. The patient also underwent an MRI in 08/2013 that revealed mild degenerative facet disease at the L5-S1 and L4-5, but provided no other abnormalities. The patient was diagnosed with lumbar radicular syndrome. The patient's treatment plan included medications. It was also recommended that the patient undergo evaluation for non-industrial related disease processes to cause the patient's findings, as physical findings and diagnostic studies were not correlating with the patient's physical exam findings.

IMR ISSUES, DECISIONS AND RATIONALES

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

Comprehensive evaluation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines(ODG), Low Back Pain, Office Visits..

Decision rationale: The requested comprehensive medical evaluation is not medically necessary or appropriate. The patient does have complaints of low back pain with radicular symptoms. Official Disability Guidelines recommend office visits; they are determined to be medically necessary. Official Disability Guidelines state, "As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. The determination of necessity of an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from the healthcare system through self-care as soon as clinically feasible." The clinical documentation submitted for review does not provide physical findings through diagnostic studies to support the patient's complaints. Therefore, continued evaluation and management would not be supported

Lumbar MRI: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, repeat MRI.

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) Low Back Chapter, MRI..

Decision rationale: The requested lumbar MRI is not medically necessary or appropriate. The patient does have continued low back pain and radicular complaints. However, the clinical documentation submitted for review does provide evidence that the patient received an MRI in 08/2013. American College of Occupational and Environmental Medicine supports the use of imaging studies when there are unequivocal signs of neurological involvement. However, the clinical documentation submitted for review does not provide progressive neurological deficits that would support the need for additional imaging studies.

EMG and nerve conduction study: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, electrodiagnostic testing..

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

Decision rationale: The requested EMG and nerve conduction study is not medically necessary or appropriate. The patient does have low back complaints with radicular findings. American College of Occupational and Environmental Medicine does recommend electrodiagnostic studies to clarify nerve root involvement. However, the clinical documentation submitted for review does provide evidence that the patient underwent an EMG study in 08/2013. The clinical

documentation submitted for review does not provide any evidence of progressive neurological deficits that would support the need for additional electrodiagnostic studies.

Treatment of the patient's obesity: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines exercise Page(s): 46.

Decision rationale: The requested treatment of the patient's obesity is not medically necessary or appropriate. The patient does complain of ongoing low back pain and radicular symptoms. The patient's BMI is noted to be 37.5. California Medical Treatment and Utilization Schedule does support the use of exercise as part of the treatment program for chronic pain management; however, the request does not clearly identify a treatment plan to address the patient's obesity. It is not clear how this will resolve the patient's symptoms

Psychological treatment: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment Page(s): 101.

Decision rationale: The psychological treatment is not medically necessary or appropriate. The patient does have complaints of pain and radicular symptoms. California Medical Treatment and Utilization Schedule does recommend psychological treatment as part of the management for chronic pain. However, the clinical documentation does not indicate any psychological deficits related to the patient's injury. Therefore, the necessity of psychological treatment is not clearly established.