

Case Number:	CM13-0033313		
Date Assigned:	06/06/2014	Date of Injury:	08/06/2013
Decision Date:	07/23/2014	UR Denial Date:	09/10/2013
Priority:	Standard	Application Received:	10/10/2013

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 Neurology, has a subspecialty in Neuromuscular Medicine, and is licensed to practice in New Jersey. 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:

The patient is a 41 year old man who sustained a work-related injury on August 6, 2013. Subsequently he developed compressive fracture of the spine and a concussion. The patient reported to having headaches, dizziness, tingling, blurred vision, back and joint pain. His initial physical examination demonstrated cervical tenderness with normal range of motion. His CT scan of the head showed no acute injury. The CT scan of the chest abdomen and pelvis demonstrated the T7 compressive deformity that appeared chronic. The patient was discharged on Hydrocodone and Valium. According to a note dated on August 28, 2013, the patient reported blurred vision in the right eye, anxiety and headaches. His visual acuity in the right eye was 20/200. The physical examination demonstrated the limited straight leg raising, low back pain and shoulder pain with limited range of motion. The patient was found to have blunted affect and his symptoms were reported to be out of proportion of his objective findings. The provider requested authorization for MRI of the lumbosacral spine without contrast, MRI of thoracic spine without contrast, neurology, psychiatry and neurologic consultations.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI OF THE LUMBOSACRAL SPINE WITHOUT CONTRAST: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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

Decision rationale: Regarding the indications for imaging in case of back pain, MTUS guidelines stated: 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 has persisted for at least six weeks. However, it may be appropriate when the physician believes it would aid in patient management. Unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. Indiscriminant imaging will result in false-positive findings, such as disk bulges, that are not the source of painful symptoms and do not warrant surgery. 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. Furthermore, and according to MTUS guidelines, MRI is the test of choice for patients with prior back surgery, fracture or tumors that may require surgery. The patient does not have any clear evidence of lumbar radiculopathy or nerve root compromise. There is no focal neurological finding on the patient evaluations. There is no change in the patient signs or symptoms suggestive of new pathology. Therefore, the request for MRI of the lumbosacral spine is not medically necessary.

MRI OF THE THORACIC SPINE WITHOUT CONTRAST: Upheld

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.

Decision rationale: Regarding the indications for imaging in case of back pain, MTUS guidelines stated: 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 has persisted for at least six weeks. However, it may be appropriate when the physician believes it would aid in patient management. Unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. Indiscriminant imaging will result in false-positive findings, such as disk bulges, that are not the source of painful symptoms and do not warrant surgery. 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. Furthermore, and according to MTUS guidelines, MRI is the test of choice for patients with prior back surgery, fracture or tumors that may require surgery. The patient does not have any clear evidence of thoracic radiculopathy or nerve root compromise. There is no focal

neurological finding on the patient evaluations. There is no change in the patient signs or symptoms suggestive of new pathology. Therefore, the request for MRI of the thoracic spine is not medically necessary.

NEUROLOGY CONSULT AND TREAT: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines for Independent Medical Examinations and Consultations regarding Referrals, Chapter 7, page 127.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 171.

Decision rationale: According to MTUS guidelines, the presence of red flags may indicate the need for specialty consultation. In addition, the requesting physician should provide a documentation supporting the medical necessity for a neurology evaluation with a specialist. The documentation should include the reasons, the specific goals and end point for using the expertise of a specialist. In the chronic pain programs, early intervention section of MTUS guidelines stated: Recommendations for identification of patients that may benefit from early intervention via a multidisciplinary approach:(a) The patient's response to treatment falls outside of the established norms for their specific diagnosis without a physical explanation to explain symptom severity. (b) The patient exhibits excessive pain behavior and/or complaints compared to that expected from the diagnosis. (c) There is a previous medical history of delayed recovery. (d) The patient is not a candidate where surgery or other treatments would clearly be warranted. (e) Inadequate employer support. (f) Loss of employment for greater than 4 weeks. The most discernable indication of at risk status is lost time from work of 4 to 6 weeks. (Mayer 2003). There is documentation that the patient developed post traumatic headache and post concussion syndrome that may delay his recovery. The medical necessity for the neurology consultation is established. However the treatment will depend on the neurologist recommendation. The neurologist recommendation will be provided for consideration. However if the proposed treatment is beyond the expertise of the provider, the neurologist could take over the patient care. This cannot be determined before the neurology evaluation. Therefore, the request for Neurology Consultation and Treatment is not medically necessary and only the neurology consultation is certified.

PSYCHIATRY CONSULT AND TREAT: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 398.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 171.

Decision rationale: The patient was documented to have a flat affect and his symptoms were reported to be out of proportion of his objective findings. A psychiatry consultation is justified. The psychiatry recommendation will be provided for consideration. However, if the proposed

treatment is beyond the expertise of the provider, the psychiatry specialist could take over the patient care. This cannot be determined before the psychiatry evaluation. Therefore, the request for psychiatry consultation and treatment is not medically necessary and only the psychiatry consultation is certified.

OPHTHALMOLOGY CONSULT AND TREAT: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 16 Eye Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 171.

Decision rationale: The patient was reported to have severe loss of visual acuity in the right eye. If this visual loss is confirmed by the ophthalmology consultation, a treatment plan will be provided. Therefore, the request for ophthalmology consultation and treatment is not medically necessary and only the ophthalmology consultation is certified.