MAXIMUS Federal Services

Case Number:	CM13-0036791		
Date Assigned:	12/13/2013	Date of Injury:	12/05/2012
Decision Date:	02/10/2014	UR Denial Date:	09/23/2013
Priority:	Standard	Application Received:	10/21/2013

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 Geriatrics and is licensed to practice in New York. 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 injured worker is a 50 year old woman who had a work related injury on 12/5/12. This involved a trip and fall off a few steps with injury to her back and head from hitting a concrete fall. She has had multiple prior studies and procedures including back radiographs, MRI of the lumbar spine on 1/28/13 (mild central canal stenosis at L3-4 with a 5 mm left paracentral broad-based disc herniation and disc protrusion at L4-5 and L5/S1 without central canal stenosis). She had one low back epidural without relief and was treated with an assistive device (cane), heating pads medications and modified work. Per the MD visit of 9/24/13, she complained of on and off neck pain with headaches, constant mid back pain with muscle spasms and radicular pain into the buttocks and thighs. She exhibited midline tenderness over the lumbosacral spine with bilateral paraspinal and buttock pain with palpation. She had decreased thoracolumbar range of motion and a positive straight leg test. Her reflexes were normal and muscle testing revealed 4/5 strength throughout. She was currently working on modified work. An MRI, back x-rays and functional capacity evaluation were requested at this visit and are at issue in this denial.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar spine x-rays: Upheld

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

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

Decision rationale: This injured worker had prior radiographic studies including x-rays and MRI of the lumbar spine. Per the MTUS, lumbar spine x-rays should not be recommended in patients with low back pain in the absence of red flags for serious spine pathology, even if the pain has persisted for at least 6 weeks. The physical exam and clinical history did not have 'red flags' associated with them (normal reflexes, muscle strength symmetric etc.) and her lumbar pathology had been delineated and documented on prior studies. The lumbar x-rays are not medically necessary.

MRI of lumbar spine: Upheld

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

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

Decision rationale: This injured worker had prior radiographic studies including x-rays and MRI of the lumbar spine. Per the MTUS, MRI can be useful to identify and define low back pathology in disc protrusion and spinal stenosis. However, her lumbar pathology had been delineated and documented on prior studies. The MRI is not medically necessary.

Functional capacity evaluation: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 1 Prevention, Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 12, 21.

Decision rationale: This injured worker has had multiple prior diagnostic studies and treatment modalities. Per the MTUS, there is not good evidence that functional capacity evaluations are correlated with a lower frequency of health complaints and injuries. Such evaluations can translate medical impairment into functional limitations and determine work capability. She was already able to participate in a modified work program and the records do not support the medical necessity for a functional capacity evaluation.