

<b>Case Number:</b>	CM13-0037319		
<b>Date Assigned:</b>	12/13/2013	<b>Date of Injury:</b>	09/04/2012
<b>Decision Date:</b>	02/04/2014	<b>UR Denial Date:</b>	09/13/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/30/2013

### 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 Physical Medicine and Rehabilitation and Pain Medicine and is licensed to practice in Texas and Ohio. 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 43-year-old female who reported an injury on 09/04/2012. The patient is diagnosed with thoracic and lumbar radiculopathy and lower back strain. The patient was seen by [REDACTED] on 08/01/2013. Physical examination revealed difficulty on full flexion, extension, lateral bending and rotation, with ongoing complaints of pain and radiation into a dermatomal pattern down her lower extremities. Treatment recommendations included a repeat MRI and a recommendation for pain management consultation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar and Thoracic MRI:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management. Decision based on Non-MTUS Citation Disability Guidelines (ODG) Chronic Pain Chapter, Office Visits and Harris J (Ed), Occupational Medicine Practice Guidelines, 2nd Edition (2004) - pp. 89-92

**Decision rationale:** California MTUS/ACOEM Practice Guidelines state if physiologic evidence indicates tissue insult of nerve impairment, the practitioner can discuss with a consultant the

selection of an imaging test to define a potential cause, including MRI for neural or other soft tissue abnormality. As per the clinical notes submitted, the patient underwent an MRI of the lumbar spine on 02/12/2013, which indicated degenerative changes with a 2 mm broad-based protrusion at L3-4 and 2 mm retrolisthesis of L4 on L5. There is no evidence of a significant abnormality upon physical examination. There is also no evidence of a significant change in the patient's symptoms that would warrant the need for a repeat imaging study. There was no mention of thoracic spine trauma with resulting neurological deficit. Additionally, there is no evidence of a failure to respond to conservative treatment prior to the request for an imaging study. Based on the clinical information received, the request is non-certified.

**I HELP pain management:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management. Decision based on Non-MTUS Citation In. Harris J (Ed), Occupational Medicine Practice Guidelines, 2nd Edition (2004) - pp. 89-92 and Disability Guidelines (ODG) Chronic Pain Chapter, Office Visits.

**Decision rationale:** The Physician Reviewer's decision rationale: "California MTUS/ACOEM Practice Guidelines state referral may be appropriate if the practitioner is uncomfortable with the line of inquiry, with treating a particular cause of delayed recovery, or has difficulty obtaining information or agreement to a treatment plan. As per the clinical notes submitted, in addition to a pain management consultation, the patient is also recommended to undergo workup of cervical spine, lumbar spine, thoracic spine, and a rheumatology panel. Given that the diagnostic workup is still in progress, it has not been established that there is an absence of other options likely to result in significant clinical improvement. There is no evidence of an exhaustion of conservative treatment prior to the request for a specialty consultation. Based on the clinical information received, the medical necessity has not been established. Therefore, the request is non-certified."