

Case Number:	CM13-0047435		
Date Assigned:	12/27/2013	Date of Injury:	03/12/2007
Decision Date:	02/26/2014	UR Denial Date:	10/01/2013
Priority:	Standard	Application Received:	11/01/2013

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 has a subspecialty in Pediatric Rehabilitation Medicine and is licensed to practice in Illinois and Texas. 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 44-year-old female who reported an injury on 03/12/2007. The mechanism of injury was the patient was lifting boxes and began having pain in her neck and back. The patient reported her pain at an 8/10. The patient reported that her right leg pain had been getting worse. Medications included tramadol 50 mg 2 tabs twice a day, hydrocodone 10/325 twice a day, meloxicam 50 mg daily, and Neurontin 3 times a day. The patient had limited flexion of the cervical spine. A previous MRI of the cervical spine was obtained and showed some degeneration of the disc at the C5-6 level, but no frank cord compression. The patient had participated in physical therapy, acupuncture, H-wave and interferential stimulation, injections, and medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 single position MRI of the lumbar spine between 8/28/13 and 11/14/13: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 289, 303, 305.

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, Low Back-Lumbar & Thoracic (Acute & Chronic)

Decision rationale: CA MTUS state unequivocal objective findings that identify specific nerve compromise on the neurologic exam 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 disc 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. The patient continued to complain of low back pain with radiating pain down to bilateral lower extremities. The patient reported that the leg pain on the right had been getting worse. However, no physical examination of the lumbar spine was submitted for review. Also, previous MRIs performed of the lumbar spine were negative for evidence of nerve root compression and spinal stenosis. There was also no indication that the patient was considering surgery an option, as recommended by the guidelines. Given the lack of documentation to support the guideline criteria, the request is non-certified.

1 follow-up visit between 8/28/13 and 11/14/13: Upheld

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

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, Office visits

Decision rationale: CA MTUS/ACOEM does not address the request. The Official Disability Guidelines recommend office visits as determined to be medical necessity. Evaluation and management outpatient visits to the offices of medical doctors play a critical role in the proper diagnosis and return to function of an injured worker, and they should be encouraged. The need for a clinical office visit with a healthcare provider is individualized based upon a review of the patient's concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The patient continued to have complaints of balance issues, as well as pain to the cervical area radiating into the arms with numbness, and pins and needles into the fingers. The patient did report an increase in right leg pain. However, no new physical exam findings were submitted to necessitate a follow-up evaluation. Given the lack of documentation to support guideline criteria, the request is non-certified