

Case Number:	CM13-0059422		
Date Assigned:	12/30/2013	Date of Injury:	02/04/2006
Decision Date:	06/24/2014	UR Denial Date:	11/25/2013
Priority:	Standard	Application Received:	12/02/2013

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 Anesthesiology, 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 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 44 year old male who has submitted a claim for lumbosacral spondylosis without myelopathy and sprain of the lumbar region associated with an industrial injury date of February 4, 2006. Medical records from 2012 to 2013 were reviewed. The patient complained of persistent lower back pain with radiation to the right lower extremity. Physical examination showed tenderness over the facet joints from L4 to S1, bilateral lumbar paraspinal muscle spasm, lumbar ROM was restricted at flexion of 41 degrees, extension of 11 degrees, right side bending of 16 degrees, and left side bending of 17 degrees. There were positive SLR on the right, positive Kemp's test for eliciting pain in the lumbar spine; DTRs were 2+ at the patella and Achilles tendon bilaterally. MMT of 5/5 in the bilateral lower extremities. Copies of previous imaging procedures done were not included in the medical records submitted. Treatment to date has included NSAIDs, opioids, muscle relaxants, acupuncture, physical therapy, and surgery (2010). A utilization review from November 25, 2013 conditionally denied the requests for MRI of the lumbar spine with GAD and pain management consultation with [REDACTED] due to lack of information.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI OF LUMBAR SPINE WITH GAD (DYE): 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): 303-304.

Decision rationale: As noted on pages 303-304 of the ACOEM Guidelines, there is support for imaging of the lumbar spine in patients with red flag diagnoses where plain film radiographs are negative; unequivocal objective findings that identify specific nerve compromise on the neurologic examination, failure to respond to treatment, and consideration for surgery. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. In this case, the reason for ordering the MRI was not clearly stated. An X-ray of the lumbosacral spine done last April 4, 2013 may explain the patient's symptoms. It demonstrated post-surgical changes consistent with the patient's history and collapsed L5-S1 disc height with slight retrolisthesis of L4 and L5 with bilateral facet joint arthropathy at L4-L5 and L5-S1. Physical examination findings from recent progress notes did not clearly indicate nerve root pathology. Recent progress notes also reported that acupuncture helped decrease symptoms. The patient was able to limit Percocet use, and had better performance of ADLs. There were no reports of progressive muscle weakness, muscle atrophy, hyporeflexia, and multiple levels of neurological deficit that would necessitate the use of an MRI. Therefore, the request for MRI of the lumbar spine with GAD (dye) is not medically necessary.

PAIN MANAGEMENT CONSULTATION: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7 - Independent Medical Examinations and Consultation pages 127 and 156.

Decision rationale: Pages 127 and 156 of the ACOEM Guidelines states that consultations are recommended, and a health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. In this case, the request for pain medicine consultation was made because of consideration for facet blocks. The patient had short-lived improvements with previous physical therapy sessions. However, there was no report of acute pain exacerbation, which is not amenable to oral medications. Recent progress notes were not very legible. There was a note that acupuncture helped decrease the patient's symptoms by 40-50%, the patient was able to limit Percocet use, and he had better performance of ADLs. It is unclear why a more invasive treatment approach would be considered over an effective and less invasive one. Therefore, the request for pain management consultation is not medically necessary and appropriate.

