

Case Number:	CM13-0067860		
Date Assigned:	01/03/2014	Date of Injury:	02/23/2010
Decision Date:	04/01/2014	UR Denial Date:	12/11/2013
Priority:	Standard	Application Received:	12/18/2013

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 Internal Medicine 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 claimant is a 47-year-old male who sustained a work injury on 02/23/2010. The mechanism of injury was not provided. His diagnoses are headaches, thoracic spine pain, and chronic low back pain. He continues to complain of headaches and low back pain with radiation down the right leg to the right foot with numbness. On exam there is pain with lumbar spine extension, he is able to perform heel-toe-walk, and reflexes are 1/2+ bilaterally at L4, S1, motor strength is 5/5 and there is straight leg raise pain at 90 degrees. The treatment has included medications and chiropractic. The treating provider has requested a follow-up consultation with [REDACTED] and a positional MRI of the lumbar spine without contrast.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) follow-up consultation with [REDACTED]: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines State of Colorado Department of Labor and Employment, 4/27/2007 Pa. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic)

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, page 127

Decision rationale: The ACOEM Guidelines indicate that a health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when the plan or course of care may benefit from additional expertise. In this case, a follow-up consult with [REDACTED] is not indicated. The claimant underwent an MRI of the head and electromyography/nerve conduction velocity (EMG/NCV) studies of the upper extremities. A follow-up consultation was requested to review the performed studies. Since a consultation was already recommended to review the studies, another consult is not indicated. Medical necessity for the requested service has been established. The requested service is medically necessary.

One (1) single positional MRI of the lumbar spine without contrast: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic (Acute & Chronic)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PDF format Page(s): 304.

Decision rationale: According to the documentation, the claimant had an MRI of the lumbar spine in 2011, which demonstrated disc bulging at L5-S, with slightly reduced foramen, 2mm bulge at L4-5, and L1 vertebral body slightly wedged at the superior endplate. There is no documentation of any significant change in his complaints or exam. He is maintained on medical therapy and there has been no new neurologic findings or subjective complaints of increased back pain, radiculopathy, bowel or bladder incontinence. There is no reported consideration for any interventional procedures for the treatment of his chronic back condition. There is no specific indication for the requested MRI of the lumbar spine. Medical necessity for the requested service has not been established. The requested service is not medically necessary.