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| Case Number: | CM13-0069165 | | |
| Date Assigned: | 01/03/2014 | Date of Injury: | 02/05/2007 |
| Decision Date: | 04/21/2014 | UR Denial Date: | 12/05/2013 |
| Priority: | Standard | Application Received: | 12/20/2013 |

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 Occupational Medicine 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back and neck pain reportedly associated with an industrial injury of February 5, 2007. The applicant also alleged derivative issues, including insomnia. Thus far, the applicant has been treated with the following: Analgesic medications; topical compounds; attorney representation; transfer of care to and from various providers in various specialties; epidural steroid injection therapy in unspecified amounts; and extensive periods of time off of work. In a Utilization Review Report of December 5, 2013, the claims administrator denied a lumbar exercise kit, a positional cervical MRI, and an unspecified consultation. The claims administrator cited a number of non-MTUS ODG Guidelines in its denial and non-MTUS Chapter 7 of ACOEM Guidelines. The applicant's attorney subsequently appealed An October 17, 2013 progress note is notable for comments that the applicant reports multifocal neck and low back pain, ranging from 3-6/10. The applicant also has associated headaches. The applicant is using a TENS unit and a lumbar support and apparently already has a lumbar exercise kit which he states is helpful. The applicant's grip strength is normal. The applicant apparently had a positional cervical MRI of October 9, 2013 notable for multilevel low-grade disk bulges and disk desiccation of uncertain clinical significance. The applicant is asked to obtain epidural steroid injection therapy. Unspecified oral and topical agents are refilled. It does not appear that the applicant is working.

IMR ISSUES, DECISIONS AND RATIONALES

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

REFERRAL OR CONSULTATION QTY: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 127.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 1.

Decision rationale: Page 1 of the MTUS Chronic Pain Medical Treatment Guidelines does state that the presence of persistent complaints which prove recalcitrant to conservative treatment should lead a primary treating provider (PTP) to reconsider the operating diagnosis and determine whether a specialist evaluation is necessary. In this case, however, neither the attending provider nor the claims administrator have clearly stated what specialty consultation is being sought and/or why. No clear rationale for the study in question has been provided. Therefore, the request is not certified, on Independent Medical Review owing to lack of supporting documentation.

MRI OF THE CERVICAL SPINE (POSITIONAL) QTY: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 182.

MAXIMUS guideline: Decision based on MTUS ACOEM.

Decision rationale: In this case, the applicant did undergo a flexion-extension MRI imaging of cervical spine. As noted by ACOEM, the utility of this technology has not been clearly established. The attending provider did not clearly state why conventional MRI imaging would not suffice here. The attending provider did not furnish any applicant-specific rationale, narrative, or commentary so as to try and offset the unfavorable ACOEM recommendation. Therefore, the request is not certified, on Independent Medical Review.

LUMBAR EXERCISE KIT QTY: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 182.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 83, Chronic Pain Treatment Guidelines Exercise topic Page(s): 46 and 47.

Decision rationale: As noted in the MTUS ACOEM Guidelines, applicants must assume certain responsibility, one of which is to maintain and adhere to exercise regimens. Thus, the exercise kit which is being sought by the attending provider is, per ACOEM, matter of individual responsibility as opposed to a matter of medical necessity. It appears that the applicant has already received the kit in question. It is unclear why a duplicate kit is needed. For all of the stated reasons, then, the request remains not certified, on Independent Medical Review.