MAXIMUS Federal Services

Case Number:	CM13-0070811		
Date Assigned:	01/08/2014	Date of Injury:	03/09/1995
Decision Date:	06/20/2014	UR Denial Date:	12/18/2013
Priority:	Standard	Application Received:	12/26/2013

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 Physical Medicine & Rehabilitation, 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 injured worker is a 57-year-old female who reported injury on 03/09/1995. The mechanism of injury was the injured worker lost her balance and fell. The injured worker underwent a lumbar fusion of L3-5. The documentation of 08/19/2013 revealed the injured worker had a caregiver that performed grocery shopping, laundry, housekeeping, dressing, showering, grooming, meal preparation, and transfers and did not appear to show signs or symptoms of fatigue. The treatment plan included a home health aide 12 hours a day for 7 days a week x 12 weeks. The documentation of 09/17/2013 revealed the injured worker had chief complaints of chronic low back pain, multiple abdominal surgeries, bilateral knee pain, and bilateral lower extremity pain. The injured worker indicated she had intractable low back pain and abdominal pain. The pain on medications was 8/10. The injured worker had tenderness to palpation over midline incision and over the lumbar facet joints bilaterally. There was severely restricted range of motion. There was moderate to severe lumbar paraspinal muscle spasms, as well as tenderness to palpation diffusely across the low back. It was indicated the physical examination was performed in the power chair. The injured worker exhibited a positive Waddell's sign. It was indicated the injured worker could not rise from the chair. There was soft tissue swelling. The diagnosis included status post revision lumbar fusion, chronic low back pain, lumbar discogenic disease, bilateral knee degenerative disease and internal knee derangement, and worsening depression. The treatment plan included an internal medicine consult and a psych consult, Toradol 60 mg IM (intramuscular), OxyContin 80 mg tablets 1 by mouth 4 times a day #120, morphine sulfate 30 mg 1 by mouth 4 times a day #120, Mobic 15 mg 1 tablet daily, Donnatal 2 tablets every 8 hours as needed #120, Reglan 10 mg 1 tablet before breakfast and at bedtime, and simethicone for bloating, a live-in caregiver, electromyography (EMG)/ NCV (nerve conduction velocity) of the bilateral lower extremities, cervical pillow, functional

restoration program, and liver abnormalities which need an internal medicine evaluation and psychological treatment. Further documentation of 11/18/2013 revealed the request for the computed tomography (CT) scan was for probable L3-4 pseudoarthrosis and for the internal medicine consult for an approval of a functional restoration program to assist in managing functionality. Subsequent documentation written in appeal on 01/07/2014 indicated that the injured worker was requiring 24 hours care and was homebound. The physician opined the injured worker had a near complete inability to perform self-care secondary to pain, decreased functionality, periods of confusion, weakness, and fatigability. The injured worker had complaints of increased abdominal pain, bloating and constipation following multiple abdominal surgeries. The physician opined prognosis was poor. The request was again made for an internal medicine consultation and for the approval of a functional restoration program. The injured worker again was noted to have positive Waddell signs and was examined in her power wheel chair.

IMR ISSUES, DECISIONS AND RATIONALES

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

CT SCAN OF THE LUMBAR SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

Decision rationale: The ACOEM indicate that unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. Computed tomography (CT) scans are recommended for bony structures. There was a lack of documentation indicating prior results from the previous CT scan to indicate the injured worker had a substantial change in condition to support a repeat CT scan. The documentation in appeal indicated that the CT scan was for probable L3-4 pseudoarthrosis. However, there was a lack of plain radiographs to support the necessity for a repeat CT scan . Given the above, the request for CT scan of the lumbar spine is not medically necessary.

INTERNAL MEDICINE CONSULTATION: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES.

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

Decision rationale: The California MTUS guidelines indicate that upon ruling out a potentially serious condition, conservative management is provided. If the complaint persists, the physician needs to reconsider the diagnosis and decide whether a specialist evaluation is necessary. The

clinical documentation submitted for review indicated the injured worker had abnormal liver studies. However, there is a lack of documentation indicating what kind of abnormalities exists. There was a lack of documentation indicating the injured worker's lab tests necessity for an internal medicine consult. The subsequent documentation submitted in appeal indicated that the internal medicine consult was for an approval of a functional restoration program to assist in managing functionality. The documentation indicated the injured worker had a poor prognosis and positive Waddell's signs. The injured worker would not meet the criteria for a functional restoration program. This request would not be supported. Given the above, the request for internal medicine consult is not medically necessary.