MAXIMUS Federal Services

Case Number:	CM14-0106177		
Date Assigned:	07/30/2014	Date of Injury:	11/18/2013
Decision Date:	10/10/2014	UR Denial Date:	06/05/2014
Priority:	Standard	Application Received:	07/09/2014

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 Orthopedic Surgery and is licensed to practice in 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 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 40 year old male. The date of injury is reported to be 11/18/13. He has low back pain. Magnetic resonance imaging scan of the lumbar spine was completed on 1/21/2014 and found levoconvex scoliosis of the lumbar spine, disc desiccation at L1-L2 with associated loss at L1-L2, straightening of the lumbar lordotic curvature with restricted rang of motion in flexion and extension. At the L1-L2 there is diffuse disc herniation indenting the thecal sac with a patent spinal canal, bilateral lateral recess and bilateral neural foramen. At the L5-S1 there is diffuse disc herniation with concurrent hypertrophy of facet joints which cause stenosis of the bilateral foramen.There was an electromyogram completed 03/31/14 in which the results were normal. The latest clinical exam indicated the worker has complaints of low back pain radiating to the left leg with numbness, weakness and giving out as well as difficulty sleeping. The examination revealed antalgic gait favoring the left, positive Kemp's/facet test on the left, a positive straight leg raise is noted bilaterally, the sciatic nerve tension is positive on the left, diminished reflexes at the left ankle and hamstring, tenderness, guarding, spasm and decreased range of motion with flexion at 30 degrees, extension at 5 degrees and lateral bend at 15 degrees on the right and 5 degrees on the left. There was no strength deficit documented in previous exams and there was noted in the past to be decreased sensation in the left S1 dermatome. The injured worker has failed conservative treatment including medication and activity modification.

IMR ISSUES, DECISIONS AND RATIONALES

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

Repeat MRI lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310.

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

Decision rationale: Per American College of Occupational and Environmental Medicine Guidelines, "MRI Imaging is recommended when cauda equina, tumor, infection, or fractures are strongly suspected and plain film radiographs are negative."The criteria have not been met as there is no evidence of severe and/or progressive neurologic deterioration. There is no indication of a new injury since the early 2014 lumbar spine magnetic resonance imaging scan. There are no clinical exam findings of cauda equina, no concern for infection, or tumor or fracture. The request is not medically reasonable or necessary at this time. Therefore, the treatment request for a repeat lumbar magnetic resonance imaging scan is not medically necessary.

PROOVE narcotic testing: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation http://proovebio.com/solutions/narcotic-risk/Proove Narcotic Risk

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation https://www.proove.com/solutions/

Decision rationale: Proove Narcotic Risk is a genetic test to identify workers at elevated risk fur the brain chemical imbalances that lead to tolerance, dependence, or abuse of prescription pain medications.The chart does not indicate there is any concern for narcotic dependence mentioned in the notes. There is no mention the worker has attempted pain management and failed this management, which would indicate the possibility of brain chemical imbalances. Pain management services have strict contracts and regular drug screening. The request is not necessary at this time.

Physical therapy twice weekly for three weeks (2x3): Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: Per Chronic Pain Medical Treatment Guidelines, "Active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort ...workers are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels."The guidelines state that physical therapy can

be beneficial in improving flexibility and strength and the worker should continue active therapy as an extension of the treatment process. This worker has chronic pain. Therefore the requested physical therapy twice weekly for three weeks (2x3) is medically necessary. There are no physical therapy notes provided so a request to set up the worker on a home exercise program is necessary and provide exercises to relieve his discomfort.

Acupuncture once weekly for six weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Per Acupuncture Medical Treatment Guidelines, the maximum frequency and duration of acupuncture is 3 to 6 treatments, 1 to 3 times per week. The request is for a total of six visits. This worker has no response documented to physical therapy, thus the addition of other conservative treatments would not be appropriate. The guidelines state 3-6 treatments of acupuncture with electrical stimulation. As there are no notes indicating any conservative treatments have been attempted and the response to conservative treatments, the need for multiple measures at one time, physical therapy, acupuncture with electrical stimulation (electrical stimulation is part of physical therapy usually) one would not be able to assess functional improvement.