

<b>Case Number:</b>	CM14-0157619		
<b>Date Assigned:</b>	09/30/2014	<b>Date of Injury:</b>	07/17/2013
<b>Decision Date:</b>	11/05/2014	<b>UR Denial Date:</b>	08/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/25/2014

### 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 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 claimant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of July 17, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; unspecified amounts of physical therapy; transfer of care to and from various providers in various specialties; unspecified amounts of acupuncture; epidural steroid injection therapy; and work restrictions. In a Utilization Review Report dated August 27, 2014, the claims administrator approved a request for acupuncture, denied an internal medicine consultation, and denied a lumbar MRI. The applicant was, it was incidentally noted, described by the claims administrator as having issues with insulin-dependent diabetes. The claims administrator invoked non-MTUS Chapter 7 ACOEM Guidelines to deny the internal medicine consultation and incorrectly stated that the MTUS did not address the topic. The applicant's attorney subsequently appealed. In a March 14, 2014 progress note, the applicant reported persistent complaints of low back pain. The applicant was working with limitations in place, it was suggested. The note was somewhat difficult to follow. The applicant did have past medical history notable for hypertension, diabetes, and leukemia, it was acknowledged, with associated constitutional symptoms of fatigue; it was suggested in the review of systems section of the note. On July 9, 2014, epidural steroid injection therapy was sought. It was noted that the applicant was an insulin-dependent diabetic. The applicant's pain management physician suggested that the applicant undergo epidural injections. There were some reports of bladder dysfunction, bowel incontinence, and imbalance, which were attributed to central lumbar spine stenosis. In a handwritten note dated August 12, 2014, the applicant reported persistent complaints of low back pain, 7 to 8/10, radiating to the bilateral lower extremities. It was stated that the applicant's low back issues were improved as compared to the last visit. The applicant was returned to sedentary work. It was acknowledged that the

applicant was working. Acupuncture was sought. A podiatry consultation was apparently sought for ankle pain complaints. MRI imaging of the lumbar spine was endorsed. An internal medicine consultation was seemingly sought. The requesting provider was an orthopedist. Large portions of the progress note were handwritten, and as a result, quite difficult to follow. In a June 23, 2014 progress note, the applicant reported alteration in bowel continence following a recent epidural injection. A stat neurosurgical consultation and stat MRI with gadolinium contrast were sought. It was stated that the applicant had a large herniated disk at L4-L5 on previous MRI imaging of August 22, 2013.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Internal medicine consultation:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM) Practice Guidelines Chapter 7 Independent Medical Evaluations and Consultations

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 92.

**Decision rationale:** As noted in the MTUS-adopted ACOEM Guidelines in Chapter 5, page 92, a referral may be appropriate when the practitioner is uncomfortable with treating her particular cause of delayed recovery. In this case, the applicant's primary treating provider (PTP), an orthopedist, may be uncomfortable addressing some of the applicant's internal medicine issues and/or comorbidities, including insulin-dependent diabetes. Obtaining the added expertise of an internist to further evaluate the same is indicated. Therefore, the request is medically necessary.

**MRI (Magnetic Resonance Imaging) of the lumbar spine:** Overturned

**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 Chapter, MRI's

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 304.

**Decision rationale:** As noted in the MTUS-adopted ACOEM Guidelines in Chapter 12, page 304, imaging studies should be reversed for cases in which surgery is being considered or red flag diagnoses are being evaluated. In this case, the attending provider suggested that the applicant was in the process of pursuing a stat neurosurgical consultation on or around the date in question. The applicant reportedly had worsening radicular complaints, also had a variety of red flag issues, including reported issues with altered bladder function and bowel incontinence. MRI imaging was/is indicated on or around the date in question. Therefore, the request was/is medically necessary.

