MAXIMUS Federal Services

Case Number:	CM14-0171577		
Date Assigned:	10/23/2014	Date of Injury:	07/28/2014
Decision Date:	11/21/2014	UR Denial Date:	10/08/2014
Priority:	Standard	Application Received:	10/17/2014

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 Surgeon and is licensed to practice in Arizona. 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:

This is a 29-year-old female who sustained an injury to her back from bending and lifting on 7/28/2014. A progress note of 10/1/2014 states the patient has low back pain with painful limitation of motion of the lumbar spine, a negative straight leg raise and no motor, sensory, or deep tendon reflex deficits. The pain appears to be getting worse. The patient has had 6 sessions of physical therapy without improvement. Her medication includes Flexeril and Motrin. The patient had a previous MRI from a motor vehicle accident which showed mild disc bulges in the lower lumbar spine. Due to the lack of improvement, there is a request for an MRI of the lumbar spine and a consultation for evaluation as well as treatment with an anesthesiologist for lumbar spine strain.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI (magnetic resonance imaging) of the lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304.

Decision rationale: The ACOEM guidelines state unequivocal objective findings that identify specific nerve compromise on the neurological exam are sufficient evidence to warrant imaging in patients who do not respond to treatment or toward consider surgery an option. This patient does not have any evidence of nerve compromise on the neurological examination. The guidelines at that when the neurological examination is less clear further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study as indiscriminate imaging will result in a false positive finding such as a disc bulge. Therefore, with no red flag conditions evident and no indication of specific nerve compromise, the medical necessity for an MRI of the lumbar spine is not medically necessary.

Anesthesia consultation for evaluation and treatment of diagnosis:

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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(s) 127

Decision rationale: The ACOEM guidelines state that a consultant is to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. The consulting usually asked in an advisory capacity but sometimes take full responsibility for investigation and/or treatment of the examinee or patient. This patient has a straightforward diagnosis of low back pain, strain/sprain without any evidence of neurological involvement or radiculopathy. This patient is not a candidate for epidural injections since there is no radiculopathy. The therapeutic management is well within the capabilities of primary care physicians. Therefore, the medical necessity for an anesthesia consult for diagnosis and treatment is not medically necessary.