

Case Number:	CM14-0179013		
Date Assigned:	11/03/2014	Date of Injury:	10/08/2005
Decision Date:	12/31/2014	UR Denial Date:	10/14/2014
Priority:	Standard	Application Received:	10/28/2014

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 Family Medicine and is licensed to practice in New Jersey and New York. 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 38 year-old male who injured his back on 10/8/05. He complained of low back pain radiating to the buttocks and down left leg. On exam, he was positive straight leg raise, unequal patella reflexes, tender right greater trochanter, and piriformis. He was diagnosed with intervertebral disc with myelopathy, major depressive disorder, chronic pain, disc disorder with myelopathy, and enthesopathy of hip. He had epidural steroid injections and used an H-wave unit at home. His medications included Norco, Gabapentin, Celebrex, Flexeril, and a topical compound. He was approved for acupuncture but had been unable to attend due to his work schedule. The current request is for a lumbar MRI to explore the pain radiating from back to right leg, ergonomic insoles, and spine surgeon consult.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Indications for Imaging, MRI

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

Decision rationale: The request for lumbar MRI is medically unnecessary. An MRI of lumbar spine is useful to identify specific nerve compromise found on physical exam. This patient did not have any documented progression of specific neurologic deficits. Indiscriminant imaging can result in false positive findings, such as disc bulges, that may not be the source of the pain or warrant surgery. Prior imaging studies were not included in the chart. The patient also did not have a full spectrum of conservative care to see if there would be improvement in symptoms. Because of these reasons, the request for lumbar MRI is not medically necessary.

Bilateral insole orthosis: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Custom Orthotics

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Back pain, Shoe insoles/shoe lifts

Decision rationale: The request is considered not medically necessary. ODG guidelines were used as MTUS does not address the use of shoe insoles. It is not recommended for the treatment of back pain. Shoe insoles are useful with patients who have leg length discrepancies which the patient does not have documented on exam or if they have to stand for prolonged periods of time. It is unclear if his job requires him to stand for prolonged periods of time. Therefore, the request is considered not medically necessary.

Surgical consultation for low back pain: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chapter 7: Independent Medical Examinations and Consultations, page 127

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

Decision rationale: As per the MTUS guidelines, "referral may be appropriate if the practitioner is uncomfortable with...treating a particular cause of delayed recovery or has difficulty in obtaining information or agreement to treatment plan." Consultations are warranted if there are persistent symptoms and unresolved radicular symptoms after receiving conservative treatment. There are no objective findings or progressive neurological deficits that would require a surgical consult. There were no red flags that induced suspicions of tumor, infection, fracture, or dislocation. There are no severe or disabling lower leg symptoms that are corroborated by imaging studies. The patient has not failed conservative therapy. He is authorized for acupuncture but has not been able to start. Therefore the request is not medically necessary.