

Case Number:	CM14-0027397		
Date Assigned:	06/13/2014	Date of Injury:	11/21/2012
Decision Date:	08/11/2014	UR Denial Date:	02/17/2014
Priority:	Standard	Application Received:	03/04/2014

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 Physical Medicine and 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 31-year-old male with a reported date of injury on 11/21/2012. The mechanism of injury was noted to be a motor vehicle accident. His diagnoses were noted to include lumbar sprain/strain, thoracic sprain/strain, muscle spasms, sciatica, neuralgia or neuritis of sciatica, and displacement of lumbar intervertebral without myelopathy. His previous treatments were noted to include a back brace, chiropractic care, and medications. The progress note dated 06/10/2014 revealed the injured worker complained of low back pain which was rated 8/10. The physical examination to the back was noted to have a noticeable amount of increased fixation at T9, T11, L2, L5, and the right ilium. The evaluation of the musculature revealed an increased amount of hypertonicity in the mid thoracic muscles on the left, lower thoracic muscles bilaterally, and lumbar paraspinal muscles bilaterally. On palpation, there was elicited a slight pain and discomfort at L4-5 and the ilium bilaterally. The injured worker had difficulty on the right due to weakness and right lower extremity pain. There was a moderate spasm along the left piriformis and gluteals. The special tests which were noted to be Kemp's, Lasegue's, and sacroiliac compression were positive. The lumbar range of motion was noted to be 45 degrees of flexion, 20 degrees of lumbar extension, and the right/left lateral flexion were within normal limits. The sensory testing results noted 2+ on the right and left. The dermatomal nerve studies noticed a healthy sensation on the grade 1 on the left and grade 1 on the right in the dermatomes of L2-3. The examination of the injured worker's dermatomes demonstrated anomalous sensation at L4, L5, and S1 presented as paresthesia to grade 2 on the right. The provider indicated the injured worker displayed neurological deficits with change of sensation and weakness. The injured worker complained of worsened intensity and frequency of his pain and had a reduction in range of motion to the lumbar spine. The request for authorization form with an unknown date

was for an open MRI of the lumbar spine and referral for pain management and treatment for lumbar spine back pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE OPEN MRI OF THE LUMBAR SPINE: Upheld

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

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

Decision rationale: The request for 1 open MRI of the lumbar spine is not medically necessary. The injured worker has full and equal tendon reflexes; grade 2 sensation at L4, L5, and S1; and positive Kemp's, Lasegue's, and sacroiliac compression tests. The California MTUS/ACOEM Guidelines state for unequivocal 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. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. Indiscriminate imaging will result in false positive findings, such as disc bulges, that are not the source of painful symptoms and do not warrant surgery. If physiologic evidence indicates tissue insult or nerve impairment, the practitioner can discuss with a consultant the selection of an imaging test to define a potential cause such as an MRI for neurological deficits. The Guidelines state MRIs are used to identify and define low back pathology in regards to disc protrusion, cauda equina syndrome, spinal stenosis, and postlaminectomy syndrome. There is a lack of documentation showing significant neurological deficits such as decreased motor strength in a specific dermatomal distribution. The documentation provided indicated a weakness in motor strength and a grade 2 anomalous sensation in L4, L5, and S1, and the deep tendon reflexes were equal. Therefore, an open MRI is not warranted at this time. As such, the request is not medically necessary.

ONE REFERRAL FOR PAIN MANAGEMENT: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS Chronic Pain Disorder Medical treatment Guidelines, State of Colorado Department of Labor and Employment, pg. 56.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: ACOEM 2nd Edition American College of Occupational and Environmental Medicine (ACOEM) Occupational Medical Practice Guidelines, Second Edition (2004), Chapter 6, page 163.

Decision rationale: The request for 1 referral for pain management is not medically necessary. The injured worker has had low back pain with minimal treatment. The California MTUS/ACOEM Guidelines state if the diagnosis is uncertain or complex, if psychosocial factors are present, or if the plan or course of care may benefit from additional expertise, the occupational health physician may refer a patient to other specialists for an independent medical assessment. A consultation is intended to aid in assessing the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or examinee's fitness to return to work. A consultant is usually requested to act in an advisory capacity but may sometimes take full responsibility for investigating and/or treating a patient within the doctor/patient relationship. The injured worker is not taking narcotics to warrant a pain management specialist. The previous treatments have been noted to include physical therapy, chiropractic care, and a back brace. There is a lack of documentation regarding all attempts at conservative treatment have been attempted. Therefore, the request is not medically necessary.