

Case Number:	CM14-0035091		
Date Assigned:	06/23/2014	Date of Injury:	08/19/2004
Decision Date:	07/22/2014	UR Denial Date:	02/24/2014
Priority:	Standard	Application Received:	03/21/2014

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 patient is a 43-year-old male, with a date of injury of 8/19/2004. Subsequent to the injury, the patient has developed chronic low back pain with a radiculitic component. The patient continues to work with some discomfort. He is prescribed Norco 10/325 #60 per month and it is well documented that he uses them very sparingly. For greater than the past year the medical narratives have remained essentially the same with the stable exam finding and documentation of slowly increasing pain. Prior MRI (magnetic resonance imaging) study showed L4-5 central and foraminal stenosis in addition to generalized spondylosis. Electrodiagnostics have not shown nerve root dysfunction nor a peripheral neuropathy. In the charts reviewed there is no documentation of trials of medications for neuropathic pain. The patient has been treated with chiropractic and physical therapy. The rationale for ordering a repeat MRI is that "because the last one is over a year ago." The reasoning for a neurosurgical consult is not documented.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE (1) MRI OF THE LUMBAR SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Low Back Complaints (ACOEM Practice Guidelines, (2007), Chapter 12), pg. 53, and Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic (acute & chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG), LOW BACK, MAGNETIC RESONANCE IMAGING.

Decision rationale: The CA MTUS Chronic Pain Guidelines do not address this issue in any detail. The Official Disability Guidelines (ODG) does discuss repeat MRI (magnetic resonance imaging) testing in great detail. The ODG recommends repeat testing only if there is a meaningful objective change in the clinical presentation. The clinical presentation appears stable with stable exam findings and no new subjective complaints. The stated rationale for the MRI is "because the last one is over a year ago". Per ODG standards, this is not medically necessary at this point in time. For better pain control, the standard ODG supported alternate medications for neuropathic/chronic pain have not been trialed; however, there is no evidence of a trial in the records reviewed. Based on the above, the request for one MRI of the lumbar spine is not certified.

ONE (1) NEUROSURGEON CONSULT: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 289,305-306.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG), LOW BACK: DISCECTOMY; FUSION.

Decision rationale: The specific reasons for requesting the surgical consultation are not stated in the narratives. The MTUS Chronic Pain Guidelines do not discuss surgical indications in detail. The Official Disability Guidelines (ODG) does discuss this in detail. There is no documentation of spinal instability nor is there progressive nerve loss. There is spinal spondylosis at several levels that would lessen the chances of pain relief from surgery. There is no mention that the patient would be agreeable to possible surgery. There does not appear to be exhaustion of medical treatments (pain meds). At some point a surgical consult may be reasonable, but at this time there is inadequate justification documented. As such, the request for one neurosurgeon consultation does not appear medically necessary.