MAXIMUS Federal Services

Case Number:	CM14-0052043		
Date Assigned:	07/07/2014	Date of Injury:	03/25/2005
Decision Date:	08/29/2014	UR Denial Date:	04/07/2014
Priority:	Standard	Application Received:	04/21/2014

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 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 54-year-old male who reported an injury no 03/25/2005. The mechanism of injury was not provided within the medical records. The clinical note dated 04/01/2014 indicated lumbar spine intervertebral disc degeneration without myelopathy x3, thoracic sprain/strain, lumbar/lumbosacral neuritis, cervical myofascitis, and spasm of muscles, postoperative laminectomy, and anxiety. The injured worker reported frequent center upper back pain. The pain was described as aching, sharp, stabbing, and throbbing. The injured worker considered this condition as moderate and rated the pain as 4/10. The injured worker reported the pain occurred most often during the night after light physical activities and in the morning. The injured worker reported the pain radiated into the low back. The injured worker reported the pain was reduced by lying down, medication and sitting while bending, coughing, housework, prolonged standing, prolonged walking, sneezing, and working aggravated the pain. Upper body movement lifting side effects of this condition were stiffness and tightness. The injured worker reported bilateral mid back pain that he rated 5/10. The injured worker reported to be severe. The injured worker reported his pain as sharp, aching, stabbing, throbbing occurred most often at night in the evening after moderate physical activities in the morning and radiated into the left rib, lower back and right ribs. The injured worker reported the pain was made better by lying down, medications, sitting, and standing while bending, housework, lifting, prolonged standing, prolonged walking, and working exacerbated the condition. The injured worker reported right lower back pain rated 9/10 that was severe described as aching, dull, sharp, stabbing and throbbing occurred most often during the night and the evening after light physical activity and in the morning that radiated into the left buttock, left calf, left foot, left hip, left toes, left upper back, right buttock, right calf, right foot, right hip, right toes, and right upper back. The injured worker reported left thigh the pain was reduced by lying down medication standing sitting while

bending, lying down, lifting, prolonged sitting, standing and walking aggravated the condition. The injured worker reported anxiety rated 8/10 that often occurred during the night made better by medication and neck pain rated 2/10 described as aching occurred most often during the night after moderate physical activity and in the morning that radiated into the left arm, left shoulder, left shoulder blade, right shoulder, and right shoulder blade reduced by lying down, medications, sitting, and stretching while neck movements and sneezing aggravated the condition. Further concerns of this condition were stiffness. On physical examination, range of motion of the cervical spine revealed extension of 40 degrees, lateral flexion, right and left 40 degrees, and right rotation of 50 degrees, left rotation of 60 degrees. The injured worker's lumbar spine range of motion revealed flexion of 30 degrees extension of 10 degrees right and left lateral was 15 degrees. The injured worker's evaluation of the lumbar spine region revealed tender areas in the lumbar region bilaterally grade I erector spinae on both sides grade 2 and quadratus lumborum on both sides moderate. The injured worker's palpation of the lumbar spine musculature demonstrated hypertonicity in that area in the lumbar region bilaterally. Erector spinae on both sides were moderate and quadratus lumborum moderate on both sides. The injured worker had a positive straight leg raise on the left. The injured worker experienced localized low back pain during the test and radiating pain during the test. The injured worker's Braggard's sign was positive on the left and the right. Kemp's was positive bilaterally. The injured worker's lower extremity muscle test iliopsoas was 4 bilaterally. Quadriceps were 4 bilaterally. Tibialis was 4 on the right. Extensor hallucis longus was 4 on the right. Foot flexors were 4 bilaterally. The injured worker's treatment plan included a prednisone taper, MRI of the lumbar spine, continue current medications, request for acupuncture, and radiology review of x-rays. The injured worker had MRI 1 year ago which revealed a large disc bulge at L4-5 approximately 7 mm. The injured worker's prior treatments included diagnostic imaging, surgery and medication management. The injured worker's medication regimen included hydrocodone, tramadol, omeprazole, naproxen, and gabapentin. The provider submitted a request for pain management and MRI of the lumbar spine. A request for authorization dated 04/01/2014 was submitted for MRI of the lumbar spine and pain management consultation; however, rationale was not provided for review.

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: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310.

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

Decision rationale: The request for MRI of the lumbar spine is non-certified. The CA MTUS/ACOEM guidelines state unequivocal objective 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. There is a lack of documentation provided of exhaustion of conservative therapy such as physical therapy. In

addition, there is lack of objective findings or physiological evidence indicating specific nerve compromise per neurological exam to warrant imaging. Moreover, the prior MRI was not submitted for review. The objective examination of the injured worker's prior MRI with signs and symptoms was not provided. In addition, there is lack of significant symptom changes to warrant a repeat MRI. Therefore, the request for MRI of the lumbar spine is non-certified.

Pain management consultation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 127.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Introduction, page 1 Page(s): 1.

Decision rationale: The request for Pain management consultation is non-certified. The California Chronic Pain Medical Treatment Guidelines state if complaints persists, the MD needs to reconsider the diagnosis and decide whether a specialist is necessary. There is lack of evidence that the injured worker is in need of pain management of his oral medications. In addition, the provider did not indicate a rationale for the request. Therefore, the request for pain management is non-certified.