

Case Number:	CM14-0057473		
Date Assigned:	07/09/2014	Date of Injury:	04/01/2009
Decision Date:	09/16/2014	UR Denial Date:	04/16/2014
Priority:	Standard	Application Received:	04/28/2014

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 North Carolina. 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 53-year-old with a reported date of injury of 04/01/2009. The patient has the diagnoses of multilevel lumbosacral disc disease, lumbar facet syndrome, left sided sciatica, sacroilitis, throacalgia, anxiety, insomnia and right knee tenosynovitis. The most recent progress reports provided by the primary treating physician are dated 01/31/2013 and indicate the patient had complaints of left lower back pain, left mid back pain, right knee pain, anxiety and insomnia. The physical exam noted pain with range of motion in the lumbar spine and knee with tenderness to palpation in the lumbar and thoracic spine. Treatment recommendations included repeat MRI, spinal manipulation and medication adjustment. Per the secondary treating physician's progress reports dated 06/16/2014, the patient had complaints of sharp, stabbing, constant back pain radiating down both legs with constant numbness and tingling. Physical exam noted decreased pinprick sensation on the right medial calf and decreased range of motion in the spine and knees. Treatment recommendations included request for interlaminar epidural steroid injection, medication management, psychology referral and physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orthopedic Consult For The Back: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 337 339. Decision based on Non-MTUS Citation Official Disability Guidelines ,Knee chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 312-315.

Decision rationale: The Low Back Complaints Chapter of the American College of Occupational and Environmental Medicine (ACOEM) Practice Guidelines provides algorithms for the work up of persistent low back pain. Per the progress reports provided by the primary treating physician, the patient has ongoing back pain despite conservative therapy. In such a case, the algorithms do recommend consult be obtained. Therefore, the request for an orthopedic consultation for the back is medically necessary and appropriate.

Orthopedic Consult For Right Knee: Overturned

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): 312-315.

Decision rationale: The ACOEM section on low back complaints provides algorithms for the work up of persistent low back pain. Per the progress reports provided by the primary treating physician, the patient has ongoing back pain despite conservative therapy. In such a case, the algorithms do recommend consult be obtained. In this case an orthopedic consult would be appropriate and thus is certified.

X-Rays Of The Back: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 337-39. Decision based on Non-MTUS Citation Official disability guidelines.

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

Decision rationale: According to the Low Back Complaints Chapter of the ACOEM Practice Guidelines, imaging studies should be reserved for cases in which surgery is considered or red-flag diagnoses are being evaluated. Because the overall false-positive rate is 30% for imaging studies in patients over age 30 who do not have symptoms, the risk of diagnostic confusion is great. This patient has had previous lumbar x-rays and MRI of the lumbar spine. There is no clinical documentation providing rationalization for repeat lumbar x-rays such as changes on physical exam, new red flags on physical exam or surgical consideration. Therefore, the request for X-rays of the back is not medically necessary or appropriate.

X-Rays Of The Right Knee: 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 section on special diagnostic testing in the low back complaints section states: The ACOEM section on special studies in low back complaints states: Imaging studies should be reserved for cases in which surgery is considered or red-flag diagnoses are being evaluated. Because the overall false-positive rate is 30% for imaging studies in patients over age 30 who do not have symptoms, the risk of diagnostic confusion is great. This patient has had previous lumbar x-rays and MRI of the lumbar spine. There is no clinical documentation providing rationalization for repeat lumbar x-rays such as changes on physical exam, new red flags on physical exam or surgical consideration. For these reasons the requested service is not certified.