

Case Number:	CM14-0059880		
Date Assigned:	07/11/2014	Date of Injury:	02/08/2013
Decision Date:	09/17/2014	UR Denial Date:	04/17/2014
Priority:	Standard	Application Received:	04/30/2014

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, has a subspecialty in Pain Medicine, Spinal Cord Medicine and is licensed to practice in Massachusetts. 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 claimant has a history of a work injury occurring on 02/08/13 when he slipped and fell backwards landing on his buttocks while working as a porter. He had immediate tailbone and lumbar spine pain. He was seen on 04/30/13 and diagnosed with a contusion of the lumbar spine and sacrum. A CT and MRI of the sacrum and lumbar spine on 06/03/13 showed findings of L4-5 and L5-S1 disc bulging. He had ongoing tailbone and lumbar spine pain which has not improved. He was using a cane and a lumbar support. Symptoms included numbness and tingling of both legs and pain in the knees and feet. There is reference to having problems with bladder incontinence. Physical examination findings included appearing in mild distress. There was decreased lumbar spine range of motion. No neurological deficits are documented. The discussion references a strong non-organic component to his symptoms. He was considered at maximum medical improvement. He was seen for a Functional Capacity Evaluation on 11/12/13. The assessment references the claimant as noncompliant with testing. He was seen on 03/10/14. His history of injury and subsequent treatments were reviewed. He had constant low back pain radiating into the legs with numbness and swelling of the legs and feet. Pain was rated at 8/10. He was having difficulty with activities of daily living. Physical examination findings included ambulating with a cane with a broad-based and antalgic gait. There was bilateral lumbar paraspinal muscle tenderness without muscle spasms and with tenderness at the midline. He had decreased lumbar spine range of motion. Strength lower extremity strength was rated at 3/10. There was decreased sensation throughout both lower extremities. There was tenderness throughout the lumbar spine and sciatic notches, sacroiliac joints, and coccyx. There was back pain with straight leg raising. No further neurological examination is documented. The

assessment references significant emotional stress possibly contributing to weakness. MRI scanning and referral for a psychological evaluation were requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI Cervical Spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back (Acute & Chronic), Magnetic resonance imaging.

Decision rationale: The claimant is more than 1 years status post work-related injury and continues to be treated for chronic pain. A strong non-organic component to his symptoms is referenced. CT and MRI scans of the sacrum and lumbar spine on showed findings of L4-5 and L5-S1 disc bulging. He continues to be treated for a contusion of the lumbar spine and sacrum. Applicable criteria for obtaining an MRI would include a history of trauma with neurological deficit and when there are 'red flags' such as suspicion of cancer or infection or when there is radiculopathy with severe or progressive neurologic deficit. In this case, when seen in June 2013, nearly four months after injury, no neurological deficits were documented and there is no identified new injury. There are no identified 'red flags' that would support the need for obtaining an MRI scan which therefore was not medically necessary.

MRI Thoracic spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back (Acute & Chronic), Magnetic resonance imaging.

Decision rationale: The claimant is more than 1 years status post work-related injury and continues to be treated for chronic pain. A strong non-organic component to his symptoms is referenced. CT and MRI scans of the sacrum and lumbar spine on showed findings of L4-5 and L5-S1 disc bulging. He continues to be treated for a contusion of the lumbar spine and sacrum. Applicable criteria for obtaining an MRI would include a history of trauma with neurological deficit and when there are 'red flags' such as suspicion of cancer or infection or when there is radiculopathy with severe or progressive neurologic deficit. In this case, when seen in June 2013, nearly four months after injury, no neurological deficits were documented and

there is no identified new injury. There are no identified 'red flags' that would support the need for obtaining an MRI scan which therefore was not medically necessary.

Evaluation with Psychologist or Psychiatrist: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PSYCHOLOGICAL EVALUATIONS Page(s): 100-101.

Decision rationale: The claimant is more than 1 years status post work-related injury and continues to be treated for chronic pain. A strong non-organic component to his symptoms is referenced. Psychological evaluations are generally accepted, well-established diagnostic procedures used in pain problems and should determine if further psychosocial interventions are indicated. In this case, a non-organic component to the claimant's chronic pain is suspected and the requested psychological evaluation is medically necessary.