

Case Number:	CM14-0067593		
Date Assigned:	07/11/2014	Date of Injury:	12/17/2010
Decision Date:	09/16/2014	UR Denial Date:	05/02/2014
Priority:	Standard	Application Received:	05/12/2014

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 36 year old male who was injured on 03/24/2014. The mechanism of injury is unknown. Prior treatment history has included acupuncture which has been helpful with sleep and mobility. Office visit dated 04/21/2014 states the patient presented with complaints of low back pain radiating to bilateral lower extremities. He rated his pain a 3/10 with medications and 8/10 without medications. Objective findings on exam revealed range of motion of the lumbar spine revealed moderate reduction secondary to pain. The pain was significantly increased with flexion and extension. There is spinal vertebral tenderness noted in the lumbar spine at the L4-S1 level. Lumbar paraspinal muscles had spasm on palpation. Diagnoses are lumbar radiculopathy, lumbar facet arthropathy, and chronic pain. The patient was prescribed Zanaflex. Prior utilization review dated 05/02/2014 states the request for 2D echocardiogram is denied as there is no evidence to support the request; Chest X-ray PA, lateral is denied as medical necessity has not been established; Physical therapy and is not certified as there is no documented failed home exercise program and referral to pain specialist.

IMR ISSUES, DECISIONS AND RATIONALES

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

2D Echocardiogram: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter.

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:<http://emedicine.medscape.com/article/241381-overview><http://circ.ahajournals.org/content/95/6/1686.full#sec-53>.

Decision rationale: CA MTUS and ODG do not discuss about 2D echocardiogram. This is a request for a 2D echocardiogram for 36-year-old male with hypertension treated with medication. However, according to an online search, the main indication for limited echocardiography in the work-up of hypertension is to check for end-organ damage in a patient with borderline-high blood pressure to determine the need for medication. However, limited echocardiography is not indicated for the work-up of uncomplicated hypertension. In this case, records suggest the patient has uncomplicated hypertension. The patient is already on medication. There is no discussion of suspected coronary artery disease or impaired left ventricular function. Medical necessity for 2D echocardiogram is not established at this time.

Chest X-ray PA, Lateral: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter.

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: <http://www.mayoclinic.org/tests-procedures/chest-x-rays/basics/definition/prc-20013074><http://www.acr.org/~media/B40302EE286D4120AAEDE44B409DD45E.pdf>.

Decision rationale: CA MTUS and ODG do not specifically discuss about chest x-ray. This is a request for PA and lateral chest X-ray for a 36-year-old male with hypertension and chronic low back pain. Chest X-ray is apparently requested as part of hypertension work-up. While chest X-ray is not absolutely required for the work-up and treatment of essential hypertension, chest X-ray is a standard, baseline diagnostic study in the work-up of heart-related problems to help rule out heart failure or valvular pathology. The request is medically necessary.

Physical Therapy: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: This is a request for physical therapy for a 36-year-old male injured on 12/17/10 with chronic low back pain. MTUS guidelines recommend physical therapy for acute exacerbations of chronic musculoskeletal conditions. However, there does not appear to have been an acute exacerbation at the time of request. The patient apparently has received physical

therapy in the past, yet response to prior treatment is not discussed. The patient was doing a home exercise program previously, failure of which is not addressed. The request for physical therapy is not medically necessary at this time.

Referral To Pain Specialist: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 7, Independent Medical Examinations And Consultations, page(s) 503.

Decision rationale: According to MTUS guidelines, "the occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise." This is a request for referral to a pain specialist for management of chronic low back pain. However, the patient appears to already be treating with a pain specialist. Notes from pain specialist visits are provided for much of 2013. Treatment consisted of medication, acupuncture, and home exercises. History and examination findings do not demonstrate significant interval change or support the need for referral to another pain specialist. Therefore, this request is not medically necessary.