

Case Number:	CM14-0070578		
Date Assigned:	07/14/2014	Date of Injury:	04/23/1979
Decision Date:	10/14/2014	UR Denial Date:	04/24/2014
Priority:	Standard	Application Received:	05/15/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Florida. 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 62 year old male who was injured on 4/23/1979. The diagnoses are low back pain, status post lumbar spine fusion and hardware removal and left shoulder pain. The past surgery history is significant for multiple lumbar spine, left elbow and left shoulder surgeries. The pain had been stable for many years without development of new symptoms. On 1/3/2014, ██████████ noted that the patient was being treated for multiple psychiatric disorders including major depression, panic disorder, insomnia and agitation / irritability. On 3/31/2014, ██████████ noted that the patient had a recent EMG/NCS but the report was not available. The patient is under the care of ██████████, an orthopedic doctor. The medications are Celebrex and Lortab for pain. A Utilization Review determination was rendered on 4/24/2014 recommending non certification for repeat MRI of lumbar spine, EMG, NCS of bilateral lower extremities and pain management referral.

IMR ISSUES, DECISIONS AND RATIONALES

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

Repeat MRI of the Lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 53. Decision based on Non-MTUS Citation ODG Back Chapter, page 27: MRIs

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Pain Chapter. Low Back Pain

Decision rationale: The CA MTUS and the ODG recommend that MRI can be beneficial in the evaluation of chronic low back pain with development of new neurological deficits or red flags. The records indicate that the subjective symptoms and signs have been stable for several years. There is a significant history of psychiatric disorders that is being management by [REDACTED]. The Orthopedic specialist did not indicate a need for further MRI studies. The criterion for MRI of the lumbar spine was not met.

Repeat Electromyography (EMG) of the bilateral lower extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 61.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Low Back Pain

Decision rationale: The CA MTUS and the ODG recommend that EMG can be beneficial in the evaluation of chronic low back pain with development of new neurological deficits or red flags. The records indicate that the subjective symptoms and signs have been stable for several years. There is a significant history of psychiatric disorders that is being management by [REDACTED]. The Orthopedic specialist did not indicate a need for further EMG studies. There is no documentation of neurological or muscular deficits. The criterion for EMG of the lower extremities spine was not met.

Repeat Nerve Conduction Velocity studies (NCV/NCS) of the bilateral lower extremities: 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 Official Disability Guidelines (ODG) Pain Chapter. Low Back Pain

Decision rationale: The CA MTUS and the ODG recommend that NCS can be beneficial in the evaluation of chronic low back pain with development of new neurological deficits or red flags. The records indicate that the subjective symptoms and signs have been stable for several years. There is a significant history of psychiatric disorders that is being management by [REDACTED]. The Orthopedic specialist did not indicate a need for further NCS studies. There is no documentation of new onset radiculopathy or neuromuscular deficit. The criterion for NCS of the lower extremities was not met.

Pain management referral: 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 Page(s): 87-89.

Decision rationale: The CA MTUS and the ODG recommend that referral to specialists may be beneficial when the diagnosis is uncertain or the patient will benefit from additional expertise in the evaluation of chronic low back pain with development of new neurological deficits or red flags. The records indicate that the subjective symptoms and signs have been stable for several years. There is a significant history of psychiatric disorders that is being management by [REDACTED]. The Orthopedic specialist did not indicate a need for further specialist referral. The criterion for Pain Management referral was not met.