

Case Number:	CM14-0071798		
Date Assigned:	07/16/2014	Date of Injury:	03/19/2013
Decision Date:	08/18/2014	UR Denial Date:	04/28/2014
Priority:	Standard	Application Received:	05/19/2014

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 Rehabilitation & Pain Management has a subspecialty in Interventional Spine 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 41-year-old male with a date of injury of 03/19/2013. According to [REDACTED], the listed diagnoses are: 1. Lumbar spine strain. 2. Lumbar radiculopathy. 3. Lumbar disk protrusion at L4-L5 and L5-S1. 4. Left abdominal wall strain. According to progress report 04/14/2014, the patient presents with a flare-up of pain. On examination of the lumbar spine revealed tenderness to palpation over the mid and lower paravertebral muscle. The range of motion was 30 degrees with flexion, 20 degrees with right and left lateral bending, 25 degrees with right and left lateral rotation, and 15 degrees with extension. There was an increase in pain with lumbar motion. There was a decrease sensation in the bilateral lower extremities, right more than left in the L5 distribution. The treater is requesting a "more current MRI of the lumbar spine as the patient remains symptomatic." Treater is also requesting a Functional Restoration Program 2 times a week for 6 weeks for the lumbar spine. Utilization review denied the request on 04/28/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI Lumbar spine: 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 (updated 03/31/14).

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

Decision rationale: This patient presents with an increase of low back pain. The treating physician is requesting an updated MRI of the lumbar spine as the patient remains symptomatic despite conservative care. The medical file provided for review indicates the patient had an MRI of the lumbar spine on 05/11/2013, which documented facet and ligamentum flavum hypertrophy at L4-L5 producing spinal canal narrowing. There is a broad-based disk protrusion at L4-L5 abutting the thecal sac. Combined with facet and ligamentum flavum hypertrophy, there is a spinal canal narrowing as well as bilateral neuroforaminal narrowing. For special diagnostics, ACOEM Guidelines page 303 states unequivocal objective findings that identify specific nerve compromise on the neurological examination is sufficient evidence to warrant imaging in patients who do not respond well to treatment and who would consider surgery as an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. In this case, the treating physician would like an updated MRI for continued symptoms. However, there are no new injuries, no significant changes in examination, no new location of symptoms requiring additional investigation. The request is not medically necessary.

Functional restoration two times a week for six weeks for lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Page(s): 31-32.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS pages 30-33 has the following: Chronic pain programs (functional restoration programs) Page(s): 30-33.

Decision rationale: This patient presents with an increase in low back pain. The treating physician is recommending the patient to participate in a Functional Restoration Program for 2 times a week for 6 weeks for the lumbar spine. The MTUS page 30 to 33 recommends functional restoration programs and indicates if may be considered medically necessary when all criteria are met including, (1) adequate and thorough evaluation has been made, (2) previous methods of treating chronic pain have been unsuccessful, (3) significant loss of ability to function independently resulting from the chronic pain, (4) not a candidate for surgery or other treatment would clearly be, (5) the patient exhibits motivation to change, (6) negative predictors of success above have been addressed. In this case, an evaluation has not taken place. MTUS states functional restorations are indicated only after adequate and thorough evaluation has been made. The request is not medically necessary.