

Case Number:	CM14-0083661		
Date Assigned:	07/21/2014	Date of Injury:	10/01/2013
Decision Date:	08/27/2014	UR Denial Date:	05/14/2014
Priority:	Standard	Application Received:	06/05/2014

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 & Rehabilitation, 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 injured worker is a 45-year-old female who reported an injury on 10/01/2013. The mechanism of injury was not specifically stated. Current diagnoses include multilevel disc herniation in the lumbar spine, facet arthropathy of the lumbar spine, and lumbar radiculopathy. The injured worker was evaluated on 05/29/2014. The injured worker reported 5/10 lower back pain with occasional numbness and tingling in the lower extremities. It is noted that the injured worker is status post Lumbar Epidural Steroid Injection on 03/19/2014. Previous conservative treatment also includes chiropractic therapy and medication management. Physical examination revealed no acute distress, a mildly antalgic gait, decreased sensation in the right lower extremity, and diminished strength in the right lower extremity. Treatment recommendations at that time included bilateral SI joint injections and pain management follow-ups.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRIs of the Thoracic and Lumbar Spines: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Magnetic Resonance Imaging.

Decision rationale: California MTUS/ACOEM Practice Guidelines state if physiologic evidence indicates tissue insult or nerve impairment, the practitioner can discuss with a consultant the selection of an imaging test. Official Disability Guidelines state indications for imaging include thoracic or lumbar spine trauma with neurological deficit, uncomplicated low back pain with a suspicion for red flags, uncomplicated low back pain with radiculopathy after 1 month of conservative therapy, or myelopathy. As per the documentation submitted, the injured worker's physical examination only revealed a mildly antalgic gait with decreased sensation and strength in the right lower extremity. There is no documentation of a significant change or progression of symptoms or physical examination findings. The injured worker underwent an MRI of the Thoracic and Lumbar Spine on 04/25/2014. The medical necessity for the requested service has not been established. As such, the request is not medically necessary.

Bilateral SI Joint Injections: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 184-185.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip & Pelvis Chapter, Sacroiliac Joint Blocks.

Decision rationale: Official Disability Guidelines state prior to a Sacroiliac Joint Block, the history and physical should suggest the diagnosis with documentation of at least 3 positive examination findings. There should also be documentation of a failure of at least 4 to 6 weeks of aggressive conservative therapy. As per the documentation submitted, the injured worker has been previously treated with chiropractic therapy and medication management. However, there is no documentation of at least 3 positive examination findings. Therefore, the current request cannot be determined as medically appropriate. As such, the request is not medically necessary.

Pain Management Follow ups: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 79.

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

Decision rationale: California MTUS/ACOEM Practice Guidelines state physician follow-up can occur when a release to modified, increased, or full duty is needed, or after appreciable healing or recovery can be expected. As per the documentation submitted, the injured worker's physical examination does not reveal a significant musculoskeletal or neurological deficit. The injured worker does not currently utilize any medication with the exception of Tylenol. The medical necessity for ongoing pain management follow-up visits has not been established. Therefore, the request is not medically necessary.

1 Week Follow up: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 79.

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

Decision rationale: California MTUS/ACOEM Practice Guidelines state physician Follow-Up can occur when a release to modified, increased, or full duty is needed, or after appreciable healing or recovery can be expected. As per the documentation submitted, the injured worker's physical examination does not reveal a significant musculoskeletal or neurological deficit. The injured worker does not currently utilize any medication with the exception of Tylenol. The medical necessity for ongoing pain management Follow-Up visits has not been established. Therefore, the request is not medically necessary.