

Case Number:	CM14-0087390		
Date Assigned:	07/23/2014	Date of Injury:	06/19/2001
Decision Date:	08/27/2014	UR Denial Date:	06/10/2014
Priority:	Standard	Application Received:	06/10/2014

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 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 51 year old male with the injury date of 6/19/01. He is a social worker for [REDACTED], diagnosed with cumulative injury to cervical and lumbar spine since. He reinjured himself in 2003 while he was trying to restrain a child in a shelter. The injured worker has ongoing neck and back pain. Pain is noted at 8/10 with numbness in the RLE, stiffness and spasms of lower back, and tenderness noted over paraspinal muscle overlying the facet joint on both sides of middle thoracic. His medication include Tramadol, Ambien, Flexeril, and Zoloft. Past Medical history is positive for anxiety/depression/migraine, insomnia. He had chiropractic therapy and epidural injection done to his back without benefit. EMG studies on 6/6/12 has showed right C6 and S1 radiculopathy. He did have lumbar fusion in 2010 with some improvements. He also had cervical fusion in July 2011. He has not returned back to work ever since. He sustained another injury in Dec. 2011 secondary to falling down 13 steps. He complains of significant pain to neck and inner scapular region over low back, between shoulder blades. Cervical pain radiates out toward his right shoulder. Back pain radiates to both hips with numbness at the right leg. X-ray of the cervical spine has showed mild C3-4 degeneration on 7/9/12. The MRI of the L/S spine on 7/9/12 has showed discectomies at L3-4, L4-5 and L5-S1 with right L4-5 foraminal narrowing. On exam, there is tenderness over the cervical spine with loss of lordosis and restricted motion. At thoracic spine, there is trigger points at T5-8 bilaterally. At lumbar spine, there is paravertebral tenderness with restricted ROM. Muscle strength was 5/5 in B/L upper and lower extremities, except right hand intrinsic muscles 4/5. Diagnosis: cervical and lumbar radiculitis, cervical and lumbar post laminectomy syndrome, The plan was to obtain an MRI of the thoracic spine to rule out internal derangement. The injured worker also needs to undergo an interdisciplinary evaluation before starting back in a functional restoration program. Previous request for MRI of the thoracic spine and one day interdisciplinary pain management

evaluation was not certified on 4/24/14 because the injured worker has exhausted his disability benefits.

IMR ISSUES, DECISIONS AND RATIONALES

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

One Day Interdisciplinary pain management evaluation QTY: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Programs (functional restoration programs) Page(s): 30-32 and 49.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: Recommended per MTUS guidelines, where there is access to programs with proven successful outcomes, for patients with conditions that put them at risk of delayed recovery. Patients should also be motivated to improve and return to work, and meet the patient selection criteria outlined below. Also called Multidisciplinary pain programs or Interdisciplinary rehabilitation programs, these pain rehabilitation programs combine multiple treatments, and at the least, include psychological care along with physical therapy & occupational therapy (including an active exercise component as opposed to passive modalities). Predictors of failure include poor work adjustment and satisfaction, high level of psychosocial distress, duration of pre-referral disability time and pretreatment level of pain and opioid use. Criteria for the general use of multidisciplinary pain management programs: Outpatient pain rehabilitation programs may be considered medically necessary when all of the following criteria are met: (1) An adequate and thorough evaluation has been made, including baseline functional testing so follow-up with the same test can note functional improvement; (2) Previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement; (3) The patient has a significant loss of ability to function independently resulting from the chronic pain; (4) The patient is not a candidate where surgery or other treatments would clearly be warranted (if a goal of treatment is to prevent or avoid controversial or optional surgery, a trial of 10 visits may be implemented to assess whether surgery may be avoided); (5) The patient exhibits motivation to change, and is willing to forgo secondary gains, including disability payments to effect this change; & (6) Negative predictors of success above have been addressed. In this case, the injured worker has been off work for years. There is no documentation of injured worker's motivation to participate in this program with goal of return to work. There is little information as to significant loss of ability to function independently due to chronic pain. Therefore, the medical necessity of the requested service cannot be established as the above criteria are not met.

MRI of the thoracic spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)- Low Back/Pain section, Indications for Imaging.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: As per CA MTUS guidelines, unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. MRI of lumbar spine is reserved for cases in which surgery is considered or red-flag diagnoses are being evaluated. In this case, there is clinical documentation of myofascial pain with trigger points of the thoracic spine. There is no evidence of any neurological deficits, correlating with thoracic spine radiculitis. There is no evidence of any red flag signs or history of trauma. Thus, the request for MRI of the thoracic spine is not medically necessary.