

Case Number:	CM14-0198198		
Date Assigned:	12/08/2014	Date of Injury:	05/14/2012
Decision Date:	01/23/2015	UR Denial Date:	11/10/2014
Priority:	Standard	Application Received:	11/25/2014

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 Orthopedic Surgery, has a subspecialty in Spine Surgeon and is licensed to practice in New Jersey. 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 34-year-old female who reported an injury on 05/14/2012. The mechanism of injury was not submitted for clinical review. Her diagnoses included status post cervical fusion at C4-5 and C5-6 level, facet arthropathy of the lumbar spine, multilevel disc herniation of lumbar spine, herniated nucleus pulposus of the thoracic spine. Previous treatments included medication. Diagnostic testing included EMG/NCV, esophagram. On 10/31/2014 it was reported the injured worker complained of neck, mid back, and low back pain. She rated her pain 5/10 to 6/10 in severity. The patient had undergone a cervical fusion on 03/25/2014. She reported her neck pain has improved with time. The injured worker reported difficulty with swallowing since surgery. The injured worker reported she would be undergoing a micro lumbar decompressed surgery. The patient describes her pain as aching, burning in her neck which radiated down the bilateral upper extremities and hands. The patient reported back pain which she rates 6/10 in severity. She described the pain as stabbing and frequent. She complained of a weakness in the left leg. The physical examination findings revealed decreased sensation in the left L4, L5, and S1 dermatomes to pinprick and light touch, tibialis anterior and extensor hallucis longus are 4-/5 on the left. The MRI dated 02/11/2013 revealed retrolisthesis of L5-S1 with disc dehydration, anterior spondylosis, and large left paracentral disc extrusion with annular fissuring. The provider requested pain management follow-up, internal medicine consultation, postop physical therapy, MRI of the lumbar spine. The request for authorization was submitted and dated 10/31/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated surgical service: Pain management follow-up: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Office Visits

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 405.

Decision rationale: The California MTUS/ACOEM Guidelines note frequency of follow-up visits may be determined by the severity of symptoms, whether the patient was referred for further treating, and/or psychotherapy, and whether the patient is missing work. Follow-ups allow the physician to reassess the patient's symptoms, demands, coping mechanisms, and other resources, and to reinforce the patient support and positive coping mechanisms. A follow-up by a physician can occur when a change in duty status is anticipated including modified, increased full duty, or at least once a week if the patient is missing work. There is lack of significant subjective and objective findings warranting the medical necessity for the request. The provider's rationale for the request has not been determined. As such, the request is not medically necessary.

Associated surgical service: Internal medicine consultation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Office Visits

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), updated guidelines, Chapter 6, page 163.

Decision rationale: The California MTUS/ACOEM Guidelines state that a consultation is intended to aid in assessing the diagnosis, prognosis, therapeutic management, a determination of medical stability, and permanent residual loss and/or examinee's fitness to return to work. There is lack of significant objective and subjective findings warranting the medical necessity for the request. The provider documented the patient to have an internal medicine consult for an upper GI upset; however, there was lack of significant clinical documentation indicating the patient had symptoms of upper GI upset. As such, the request is not medically necessary.

Associated surgical service: Post-op physical therapy x 12: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 10,26.

Decision rationale: The postsurgical treatment guidelines state for microdiscectomy, 16 visits over 8 weeks with a postsurgical treatment period of 6 months, the guidelines also indicate initial course of therapy means one half the number of visits specified in the general course of therapy for a specific surgery in the postsurgical physical medical treatment recommendations. However, the number of sessions requested exceeds the guideline recommendations of half the number of visits recommended. Additionally, the request submitted failed to provide a treatment site. As such, the request is not medically necessary.

Associated surgical service: MRI of the lumbar spine: Upheld

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

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

Decision rationale: The California MTUS/ACOEM Guidelines state clinical objective findings that identify specific nerve compromise on the neurological exam are sufficient evidence to warrant imaging in patients who do not respond to treatment or who would consider surgery as an option. When the neurological examination is less clear; however, further physiological evidence of nerve dysfunction should be obtained before ordering an imaging study. Indiscriminate imaging will result in a false positive finding, such as disc bulges that are not the source of painful symptoms and do not warrant surgery. Imaging studies should be reserved for cases in which surgery is considered a red flag diagnosis are being evaluated. There is lack of significant neurological deficit such as decreased sensation or motor strength in a specific dermatomal or myotomal distribution on the physical examination. Additionally, there was lack of red flag diagnoses indicated by the provider. As such, the request is not medically necessary.