

Case Number:	CM15-0102931		
Date Assigned:	06/05/2015	Date of Injury:	02/27/2008
Decision Date:	07/07/2015	UR Denial Date:	05/21/2015
Priority:	Standard	Application Received:	05/28/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: New Jersey, Alabama, California
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

February 27, 2008. The injury was sustained when the injured worker went to sit down on a rolling stool and the stool when the stool flipped backwards, causing the injured worker to fall. The injured worker landed on the tail bone, causing low back pain. The injured worker previously received the following treatments lumbar spine and pelvis x-rays, lumbar spine MRI on January 20, 2012, EMG/NCS (electrodiagnostic studies and nerve conduction studies) of the bilateral lower extremities January 30, 2012, Restoril, Norco, Tylenol PM, Flexeril, Motrin, Voltaren gel, Paroxetine, Zolpidem, Amrix, physical therapy, facet blocks and pain injections once a month between facet blocks. The injured worker was diagnosed with herniated discs in the lumbar spine with damage nerves, right carpal tunnel release 2002, L3-S1 disc degeneration, L5-S1 facet arthropathy, insomnia and bilateral sacroiliac joint dysfunction. According to progress note of May 5, 2015, the injured workers chief complaint was constant low back and buttocks pain with generalized radiation of leg pain when the low back pain was severe. The physical exam noted the injured worker walked with a normal gait. The injured worker was able to normally walk heel-toe swing through gait, without evidence of limp. There was no evidence of weakness walking on the toes or the heels. There was tenderness over the sacroiliac joints bilaterally. The sensory to light touch and pin prick was intact to the bilateral lower extremities. The ankle reflexes were absent. There was normal strength to the bilateral lower extremities. The treatment plan included a lumbar spine MRI without contrast, pain management consultation and bilateral sacroiliac joint blocks with arthrogram.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI scan of the lumbar spine without contrast: 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 Chapter, MRIs.

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

Decision rationale: Regarding the indications for imaging in case of back pain, MTUS guidelines stated: "Lumbar spine x rays should not be recommended in patients with low back pain in the absence of red flags for serious spinal pathology, even if the pain has persisted for at least six weeks. However, it may be appropriate when the physician believes it would aid in patient management. Unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. Indiscriminant imaging will result in false-positive findings, such as disk bulges, that are not the source of painful symptoms and do not warrant surgery. If physiologic evidence indicates tissue insult or nerve impairment, the practitioner can discuss with a consultant the selection of an imaging test to define a potential cause (magnetic resonance imaging [MRI] for neural or other soft tissue, computer tomography [CT] for bony structures)." Furthermore, and according to MTUS guidelines, MRI is the test of choice for patients with prior back surgery, fracture or tumors that may require surgery. The patient does not have any clear evidence of lumbar radiculopathy or nerve root compromise. There is no clear evidence of significant change of the clinical examination of the patient compared to it examination when the last MRI of the lumbar spine was performed. There is no change in the patient signs or symptoms suggestive of new pathology. Therefore, the request MRI scan of the lumbar spine without contrast is not medically necessary.

Pain management consultation and bilateral sacroiliac joint blocks with arthrogram: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines 2nd Ed., Chapter 7 Independent Medical Examinations and Consultations.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs, early intervention Page(s): 32-33.

Decision rationale: According to MTUS guidelines, the presence of red flags may indicate the need for specialty consultation. In addition, the requesting physician should provide a documentation supporting the medical necessity for a surgery evaluation with a specialist. The

documentation should include the reasons, the specific goals and end for using the expertise of a specialist. In the chronic pain programs, early intervention section of MTUS guidelines stated: "Recommendations for identification of patients that may benefit from early intervention via a multidisciplinary approach: (a) the patient's response to treatment falls outside of the established norms for their specific diagnosis without a physical explanation to explain symptom severity. (b) The patient exhibits excessive pain behavior and/or complaints compared to that expected from the diagnosis. (c) There is a previous medical history of delayed recovery. (d) The patient is not a candidate where surgery or other treatments would clearly be warranted. (e) Inadequate employer support. (f) Loss of employment for greater than 4 weeks. The most discernible indication of at risk status is lost time from work of 4 to 6 weeks. (Mayer 2003)" The provider reported did not document lack of pain and functional improvement that require referral a pain management specialist. The requesting physician did not provide a documentation supporting the medical necessity for a sacroiliac block. The documentation did not include the reasons, the specific goals and end for using the expertise of a specialist for the patient pain. Therefore, the request for Pain management consultation and bilateral sacroiliac joint blocks with arthrogram is not medically necessary.