MAXIMUS Federal Services

Case Number:	CM15-0130901		
Date Assigned:	07/17/2015	Date of Injury:	02/09/2007
Decision Date:	09/22/2015	UR Denial Date:	06/29/2015
Priority:	Standard	Application Received:	07/07/2015

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: Florida
Certification(s)/Specialty: Neurology, Pain Management

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 65 year old female, who sustained an industrial injury on 02/09/2007. She has reported injury to the low back and right knee. The diagnoses have included chronic back pain status post lumbar surgery, in 10/2011; lumbar degenerative disc disease; lumbar herniated disc; lumbar stenosis; lumbar facet arthropathy; lumbar myofascial strain; and lumbar radiculitis. Treatment to date has included medications, diagnostics, bracing, acupuncture, chiropractic therapy, physical therapy, home exercise program, and surgical intervention. Medications have included Norco, Tramadol, Zanaflex, Pamelor, Prilosec, and Ketoprofen cream. A progress note from the treating physician, dated 06/09/2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of low back pain and bilateral leg pain; her symptoms are worse since her previous appointment; last week, she had tripped and injured her left knee; she has been less active and this is causing more pain; she recently completed her post-op therapy for her knee surgery, on 03/11/2015; she has not started the Zohydro or the Flector Patches; she continues to have aching pain in her neck and forehead; frequent headaches; numbness in her hands bilaterally more in the right than the left; she rates her neck pain at a 2-3/10 on average and a 10/10 at its worst; she is having stabbing pain in her low back; she has occasional pins and needles and pain into her hips bilaterally; cramping pain in her left foot; and she rates her back pain at a 4/10 on average on the pain scale. Objective findings included normal gait pattern; she is tearful during the visit as she talks about her depression; tenderness to palpation to the cervical/thoracic/lumbar structure; limited lumbar extension, left greater than right, with slight improvement in range of motion noted; and positive

facet loading lumbar, left greater than right. The treatment plan has included the request for MRI of the lumbar spine; ongoing pain management follow-ups; ongoing ortho follow-ups; ongoing psychology follow-ups; and follow-up in 6 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the lumbar 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, MRI.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) low back, MRI.

Decision rationale: ODG guidelines support MRI of the lumbar spine when the insured has symptoms of pain greater than 3 months with neurologic signs or symptoms present or progressive neurologic changes. The medical records provided for review indicate persistent pain but indicate no neurologic symptoms or signs, there is no indication of suspicion of cancer or infection, and there is no apparent instability by x-ray. As such the medical records provided for review do not support necessity of MRI of lumbar spine congruent with ODG guidelines. The request is not medically necessary.

Ongoing Pain Management Follow-ups: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain, follow-up visits.

Decision rationale: MTUS supports that Physician follow-up can occur when the patient needs a release to modified, increased, or full duty, or after appreciable healing or recovery can be expected, on average. The medical records support that the insured has ongoing chronic pain condition for which pain treatment is being performed to provide care with long term described benefit. Ongoing follow up with pain management for chronic pain condition is supported for the management of the insured under MTUS guidelines. The request is medically necessary.

Ongoing Ortho Follow-Ups: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain, follow-up visits.

Decision rationale: MTUS supports that Physician follow-up can occur when the patient needs a release to modified, increased, or full duty, or after appreciable healing or recovery can be expected, on average. The medical records do not support that the insured has ongoing orthopedic condition. As such ongoing follow up with orthopedics follow-up is not supported for the management of the insured under MTUS guidelines. The request is not medically necessary.

Ongoing Psychology Follow-Ups: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain, psychologic treatment.

Decision rationale: The medical records provided for review indicate the presence of chronic pain with coexisting depression and anxiety. ODG guidelines support psychotherapy as Recommended for appropriately identified patients during treatment for chronic pain. Psychological intervention for chronic pain includes setting goals, determining appropriateness of treatment, conceptualizing a patient's pain beliefs and coping styles, assessing psychological and cognitive function, and addressing co-morbid mood disorders (such as depression, anxiety, panic disorder, and posttraumatic stress disorder). Cognitive behavioral therapy and self- regulatory treatments have been found to be particularly effective. Psychological treatment incorporated into pain treatment has been found to have a positive short-term effect on pain interference and long-term effect on return to work. Therefore, this request is medically necessary.

Follow-Up in 6 Weeks: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain, follow up care.

Decision rationale: MTUS supports that Physician follow-up can occur when the patient needs a release to modified, increased, or full duty, or after appreciable healing or recovery can be expected, on average. The medical records support that the insured has ongoing chronic pain condition for which pain treatment is being performed to provide care with long term described benefit. Ongoing follow up with pain management for chronic pain condition is supported for the management of the insured under MTUS guidelines. As such this request is medically necessary.