

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM15-0139300 | | |
| Date Assigned: | 07/29/2015 | Date of Injury: | 05/28/2002 |
| Decision Date: | 09/02/2015 | UR Denial Date: | 06/19/2015 |
| Priority: | Standard | Application Received: | 07/17/2015 |

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: California, Massachusetts

Certification(s)/Specialty: Preventive Medicine, Occupational 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:

The injured worker is a 53 year old female patient who sustained an industrial injury on 05/28/2002. The accident was described as while employed as an office collection manager she was constantly verbally harassed by the company owner and is alleging that due to this she has neck, back, lower and upper extremity pain. She claims the verbal harassment caused her orthopedic injury. The patient noted last working on 05/28/2002. She reports experiencing multiple physical symptoms such as migraines, uncontrollable bowel movements, nausea and vomiting. In addition, she states having nightmares, teeth clenching and grinding. In 2003 she was diagnosed with fibromyalgia and underwent physical therapy and acupuncture sessions in addition to oral medications, and psychiatric evaluation. She also initiated dental evaluation in 2003 with multiple procedures performed. A very recent initial gastroenterology evaluation dated 06/04/2015 reported subjective complaint of epigastric pain, heartburn, abdominal pain, diarrhea, and severe constipation. The patient does have an existing history for: migraine headaches, colon polyps, TMJ. She has a surgical history for hemorrhoidectomy with anooplasty and fissure intervention 08/17/2005, nasal septal surgery, septoplasty, and a back rhizotomy. She has had a history of significant drug abuse and Cocaine addiction with narcotics. Current medications are: Amitriptyline, Baclofen, Bisacodyl, Gabapentin, Hydrocodone 10/325mg, Meloxicam, Protonix, Phentermine, and Trazadone. Symptoms include lower back pain 5-6/10 that radiates to her left buttock with numbness and tingling in the left thigh. There is decreased sensation over left lateral thigh and left foot on exam. SLR is negative. Diagnoses include lumbago, radiculopathy, and cervicalgia. MRI of the lumbar spine was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

One MRI of the lumbar spine with contrast: 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.

Decision rationale: According to ACOEM guidelines referenced by MTUS, lumbar MRI is an appropriate diagnostic study "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)." From my review of the records there is clinical evidence from the reported symptoms and physical exam findings to indicate that tissue insult or nerve impairment is the potential cause of the IW's chronic pain. Consequently MRI, without contrast is appropriate. There is no indication why both contrast and non-contrast MRI should be done; there is no report of suspected pathology that would be better defined with contrast MRI. Therefore contrast MRI is not medically necessary at this stage.

One MRI of the lumbar spine without contrast: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303, 289-90, 53. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back - Lumbar and Thoracic (Acute and Chronic): MRIs (magnetic resonance imaging).

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

Decision rationale: According to ACOEM guidelines referenced by MTUS, lumbar MRI is an appropriate diagnostic study "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)." From my review of the records there is clinical evidence from the reported symptoms and physical exam findings to indicate that tissue insult or nerve impairment is the potential cause of the IW's chronic pain; as well there is objective clinical evidence of radiculopathy. Considering that there has been no substantial improvement in the IW's chronic pain despite conservative treatment, based on the cited guidelines the requested imaging study is medically appropriate.

One BUN/creatinine blood work: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAID Page(s): 67-73.

Decision rationale: BUN creatinine blood work was most likely ordered to ensure that renal function was sufficient prior to undergoing MRI study with contrast. As noted above, at this time MRI with contrast is not medically appropriate. CA MTUS does support routine blood work for renal function with the prescription of certain medications such as NSAIDs. Since the IW is not taking medications that may affect renal function such as NSAID, then there is no current medical reason related to the industrial injury to obtain BUN/creatinine blood work. Therefore this request is not medically necessary.