

Case Number:	CM15-0144572		
Date Assigned:	08/05/2015	Date of Injury:	09/29/2014
Decision Date:	09/17/2015	UR Denial Date:	07/06/2015
Priority:	Standard	Application Received:	07/27/2015

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, New York, Pennsylvania
 Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

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

This 59 year old woman sustained an industrial injury on 9-29-2014 after falling off a ladder while restocking. She received medical attention a few days later. Evaluations include undated electromyogram and nerve conduction studies as well as an MRI. Diagnoses include lumbar degenerative joint disease, lumbar degenerative disc disease, lumbar myospasm, and lumbar neuritis and radiculitis. Treatment has included oral medications, acupuncture, surgical intervention, and physical therapy. Physician notes dated 6-1-2015 show complaints of constant headaches, and pain in the neck, back, ribs, buttocks, bilateral upper extremities, wrists, hands, hip, and bilateral lower extremities rated 7-9 out of 10. Recommendations include lumbar spine MRI, lumbar spine CT scan, lumbar spine x-rays, pain management consultation, Naproxen, Ortho-Nesic gel, Pantoprazole, and follow up in three weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of lumbar spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 306.

Decision rationale: The members injury was reported to have occurred while climbing down from a ladder she missed a step and stumbled with a complaint initially of low back pain 29Sep14. With continued symptomatology a series of MRIs were undertaken that included the lumbo-sacral spine 29 Oct14. Of note the member had undergone LS surgery in 2002 and the MRI indicated the presence of screws as well as interbody spacers at L4-5 and L5-S1 with a stable fusion. A diffuse disk protrusion was noted at L3-4 but there was no spinal stenosis or foraminal narrowing noted at any level. Symptoms and physical findings were noted repeatedly by the primary treating provider as well as a pain management specialist 5Feb15 as well as the requesting Orthopedist 6 Apr15. The complaints and physical findings remained unchanged throughout. There were no specific intervening events and/or new trauma. There were no apparent ALARM symptoms. In the absence of any new findings or complaints a repeat MRI cannot be supported. The UR Non-Cert is supported. Therefore, the requested treatment is not medically necessary.

CT scan of lumbar spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

Decision rationale: The members injury was reported to have occurred while climbing down from a ladder she missed a step and stumbled with a complaint initially of low back pain 29Sep14. With continued symptomatology a series of MRIs were undertaken that included the lumbo-sacral spine 29 Oct14. Of note, the member had undergone LS surgery in 2002 and the MRI indicated the presence of screws as well as interbody spacers at L4-5 and L5-S1 with a stable fusion. A diffuse disk protrusion was noted at L3-4 but there was no spinal stenosis or foraminal narrowing noted at any level. Symptoms and physical findings were noted repeatedly by the primary treating provider as well as a pain management specialist 5Feb15 as well as the requesting Orthopedist 6 Apr15. The complaints and physical findings remained unchanged throughout. There were no specific intervening events and/or new trauma. There were no apparent ALARM symptoms. In the absence of any new findings or complaints, the burden of excess radiation, the degradation of the imaging with metallic implants as well as the better problem definition with MRI the requested CT cannot be supported. The UR Non-Cert is supported. Therefore, the requested treatment is not medically necessary.

X-ray of lumbar spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 306.

Decision rationale: The requested plain film LS X-ray is being requested as a baseline for the requested MRI and CT. Since these two radiologic procedures have been Non-Certified there is no point to the plain film. The plain film LS X-ray UR Non-Cert is supported. Therefore, the requested treatment is not medically necessary.

Pain Management Consult: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 312-315.

Decision rationale: The members injury was reported to have occurred while climbing down from a ladder she missed a step and stumbled with a complaint initially of low back pain 29Sep14. With continued symptomatology a series of MRIs were undertaken that included the lumbo-sacral spine 29 Oct14. Of note the member had undergone LS surgery in 2002 and the MRI indicated the presence of screws as well as interbody spacers at L4-5 and L5-S1 with a stable fusion. A diffuse disk protrusion was noted at L3-4 but there was no spinal stenosis or foraminal narrowing noted at any level. Symptoms and physical findings were noted repeatedly by the primary treating provider as well as a pain management specialist 5 Feb15. This comprehensive, cogent and thoughtful consultation effectively laid out the injury course of treatment, response to treatment, current symptoms and limitations and proposed a carefully thought out plan of action. In the presence of this pain management consultation and apparent decision by the member not to proceed with the proposed approach to care the Orthopedists (notes from 6 Apr15) request for another pain management consultation within 2 months in the absence of any new findings or complaints cannot be supported. The UR Non-Cert is supported. Therefore, the requested treatment is not medically necessary.