

Case Number:	CM15-0169937		
Date Assigned:	09/10/2015	Date of Injury:	10/01/2010
Decision Date:	10/14/2015	UR Denial Date:	08/10/2015
Priority:	Standard	Application Received:	08/28/2015

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: North Carolina
 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:

The injured worker is a 55-year-old female who sustained an industrial injury on 10-1-10. A review of the medical records indicates that she is undergoing treatment for bilateral arthroscopic knee surgeries - right knee 2011, left knee 2012, left foot and ankle surgery, right hip arthroscopic surgeries and revision, right rotator cuff tear pending arthroscopic shoulder surgery, pelvic pain syndrome, headaches related to pseudotumor cerebri, depressive disorder, and lumbar disc radiculopathy. Medical records (7-31-15) indicate that the injured worker has had ongoing complaints of right shoulder, right hip, and left ankle and toe pain. She rates the pain "3 out of 10" with medications and "8 out 10" without medications. The quality of her sleep was noted to be "poor". Her activity level has remained the same. The physical exam notes that she uses a walker for ambulation. She was noted to have increased low back pain with "radicular pain", right greater than left, with increased numbness and tingling. The treating provider noted that she was "well groomed" and "appeared to be in no acute distress". He also noted that her gait was normal "without the use of assistive device". She was noted to have restricted range of motion in the right shoulder, lumbar spine, and right hip. Motor strength was noted to be diminished on the left extensor hallucis longus muscle. There was decreased sensation to light touch at L4 on the right side and L5-S1 on the left side. Her right calf was noted to be 1.5 centimeters larger than the left. Previous diagnostic testing has included an MRI of the lumbar spine on 8-2-12, and MRI of the right shoulder on 6-18-15, and an MRI of the right hip on 3-29-11. Her treatment has included oral medications, a transforaminal epidural steroid injection at L4-5 on 10-10-14, a left sacroiliac injection on 3-9-15, physical therapy, a home exercise

program, acupuncture, and use of a TENS unit. "Excellent relief" was noted from the TFESI and SI injections. The request for authorization (8-5-15) includes an MRI without contrast of the lumbar spine and referral to a pain management psychologist for evaluation for cognitive behavioral therapy and pain coping skills training. The utilization review (8-10-15) denied both requests. The MRI denial indicates lack of documentation of "significant change in objective findings or progression of symptoms" since the previous MRI. Denial of the pain management psychologist request was due to documentation that the injured worker had been working with a provider for her depression and chronic pain, last being seen on 4-3-15 and the lack of documentation for care rendered.

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 without contrast: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) TWC Low Back Procedure Summary Online Version last updated 07/17/2015.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies.

Decision rationale: The ACOEM chapter on low back complaints and special diagnostic studies states: 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, computed tomography [CT] for bony structures). Relying solely on imaging studies to evaluate the source of low back and related symptoms carries a significant risk of diagnostic confusion (false positive test results) because of the possibility of identifying a finding that was present before symptoms began and therefore has no temporal association with the symptoms. Techniques vary in their abilities to define abnormalities (Table 12-7). Imaging studies should be reserved for cases in which surgery is considered or red-flag diagnoses are being evaluated. Because the overall false-positive rate is 30% for imaging studies in patients over age 30 who do not have symptoms, the risk of diagnostic confusion is great. There is no recorded presence of emerging red flags on the physical exam. There is evidence of nerve compromise on physical exam but there is not mention of consideration for surgery or complete failure of conservative therapy. For these reasons, criteria for imaging as defined above per the ACOEM have not been met. Therefore, the request is not medically necessary.

Consultation with a pain management psychologist: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment, General Approach to Initial Assessment and Documentation.

Decision rationale: Per the ACOEM: The health practitioner may refer to other specialist if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A referral may be for 1. Consultation to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability. The patient upon review of the provided medical records has ongoing back and pain despite conservative therapy. The patient also has ongoing symptomatic depression. The referral for pain management psychology consult would thus be medically necessary and approved.