

Case Number:	CM15-0182331		
Date Assigned:	09/23/2015	Date of Injury:	06/15/2006
Decision Date:	10/28/2015	UR Denial Date:	09/02/2015
Priority:	Standard	Application Received:	09/16/2015

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: Arizona, California

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 62 year old male, who sustained an industrial injury on June 15, 2006. He reported low back pain. The injured worker was diagnosed as having chronic lumbar pain and post laminectomy syndrome. Treatment to date has included diagnostic studies, radiofrequency ablation, medications and work restrictions. Currently, the injured worker continues to report low back pain with flare-ups. The injured worker reported an industrial injury in 2006, resulting in the above noted pain. Evaluation on March 17, 2015, revealed worsening pain. He reported 50% relief of back pain with previous radiofrequency ablation however noted the pain was returning to the same area. It was noted his opiate use was decreased by 25% after the procedure and he noted being able to get back to normal activities including yard work. He requested another RF. He reported NSAIDs and muscle relaxants were not working and Norco and Morphine were helping. Evaluation on July 28, 2015, revealed medications were providing a meaningful amount of pain relief. He noted no intolerable effects from medications. Evaluation on August 27, 2015, revealed stable functionality with no aberrant drug behaviors. It was noted he had a normal gait and was in no acute distress. The RFA included requests for B L4-5, L5-S1, Electronic psych testing QTY 6 and MRI for the lumbar and was non-certified on the utilization review (UR) on September 2, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electronic psych testing QTY 6: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Psychological evaluations. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental chapter and pg 43.

Decision rationale: According to the guidelines, psychological evaluations are generally accepted, well-established diagnostic procedures not only with selected use in pain problems, but also with more widespread use in subacute and chronic pain populations. Diagnostic evaluations should distinguish between conditions that are preexisting, aggravated by the current injury or work related. In this case, the psychological testing was due to the industrial injury. There is no indication of severe depression, medication intervention or need for numerous evaluations. In this case, the request for 6 tests were not justified. In addition, there is no evidence that electronic testing is superior to examination and physician lead review. The request for 6 electronic psychological evaluations is not medically necessary.

B L4-5, L5-S1: Overturned

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 2013, Facet Joint Diagnostic Blocks (injections).

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 chapter and pg 36-40.

Decision rationale: In this case, the claimant does not have radicular symptoms. Radiofrequency ablations provided lasting and significant relief in the past. There was noted reduction in medication use. The request for another L4-S1 RFA is appropriate and medically necessary.

MRI for the lumbar: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.

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

Decision rationale: According to the ACOEM guidelines, an MRI of the lumbar spine is recommended for red flag symptoms such as cauda equina, tumor, infection, or uncertain neurological diagnoses not determined or equivocal on physical exam. There were no red flag symptoms. There was no plan for surgery. The request for an MRI of the lumbar spine is not medically necessary.

