

Case Number:	CM15-0194303		
Date Assigned:	10/08/2015	Date of Injury:	02/15/2015
Decision Date:	11/18/2015	UR Denial Date:	09/08/2015
Priority:	Standard	Application Received:	10/02/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 51 year old male who sustained an industrial injury on 02-15-2015. A review of the medical records indicated that the injured worker is undergoing treatment for lumbar spine sprain and strain. According to the treating physician's progress report on 06-11-2015, the injured worker continues to experience dull, intermittent low back pain rated at 10 out of 10 on the pain scale. The injured worker denies paresthesia, leg weakness, numbness, tingling and radiation of pain. Lumbar X-rays performed on 03-25-2015 with official impression stated "no acute findings seen." Lumbar spine magnetic resonance imaging (MRI) performed on 05-06-2015 with official impression documented the following: transitional anatomy with partial lumbarization of the S1 vertebral body, the last visible disc was small, presumed to be S1-2 with last well-formed disc presumed to be L5-S1. At L4-5 there was mild annular bulging and facet degeneration with mild bilateral foraminal narrowing. At L5-S1 there was annular bulging and moderate facet hypertrophic change with mild bilateral foraminal narrowing. Prior treatments have included diagnostic testing, chiropractic therapy (6 sessions), acupuncture therapy, lumbar corset, ice therapy and medications. Current medications were listed as Tramadol, Cyclobenzaprine, Flector patches and Relafen. The injured worker is on modified work duties. Treatment plan consists of stopping Cyclobenzaprine and change to Skelaxin, continuing other medications, pending pain management consultation and possible epidural steroid injection and the current request for repeat lumbar spine magnetic resonance imaging (MRI) and Psyche evaluation and treatment. On 09-08-2015 the Utilization Review determined the request for lumbar spine magnetic resonance imaging (MRI) was not medically necessary and modified the request for Psyche evaluation and treatment to a psychological evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Repeat MRI of the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Diagnostic Criteria, Special Studies.

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-Lumbar & Thoracic (Acute & Chronic), MRIs (magnetic resonance imaging).

Decision rationale: The claimant sustained a work injury in February 2015 when, while lifting chains, he had low back and left periumbilical pain. An x-ray of the lumbar spine in March 2015 was negative. An MRI of the lumbar spine in May 2015 showed findings of lower lumbar disc dessication with disc bulging and mild to moderate facet degeneration with left lateralization at L5/S1. There was mild bilateral multilevel foraminal narrowing. When seen, he was having moderate to severe low back pain with pain radiating to the buttocks and thighs. He had persistent depression, anxiety, and was having difficulty sleeping. He had pain rated at 8-10/10. Physical examination findings included appearing in moderate to severe distress. He had guarded, restricted, and stiff movements with a right lower extremity limp. There was decreased and painful lumbar spine range of motion with spasms. There was positive straight leg raising. Strength and sensation were normal. Authorization was requested for a repeat lumbar spine MRI and for a psychological evaluation and treatment. Guidelines recommend against repeating diagnostic testing without indication as it focuses the patient on finding an anatomic abnormality, rather than focusing on maintaining and increasing functional outcomes. A repeat MRI of the lumbar spine is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (e.g., tumor, infection, fracture, neurocompression, recurrent disc herniation). In this case, there is no apparent significant change in symptoms or findings suggestive of significant new pathology. There was no progressive neurological deficits. A repeat lumbar MRI less than 3 months after the prior scan is not medically necessary.

Psyche evaluation and treatment: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Psychological evaluations.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Psychological evaluations.

Decision rationale: The claimant sustained a work injury in February 2015 when, while lifting chains, he had low back and left periumbilical pain. An x-ray of the lumbar spine in March 2015 was negative. An MRI of the lumbar spine in May 2015 showed findings of lower lumbar disc dessication with disc bulging and mild to moderate facet degeneration with left lateralization at L5/S1. There was mild bilateral multilevel foraminal narrowing. When seen, he was having moderate to severe low back pain with pain radiating to the buttocks and thighs. He had persistent depression, anxiety, and was having difficulty sleeping. He had pain rated at 8-10/10. Physical examination findings included appearing in moderate to severe distress. He had guarded, restricted, and stiff movements with a right lower extremity limp. There was

decreased and painful lumbar spine range of motion with spasms. There was positive straight leg raising. Strength and sensation were normal. Authorization was requested for a repeat lumbar spine MRI and for a psychological evaluation and treatment. Psychological evaluations are generally accepted, well-established diagnostic procedures used in pain problems and should determine if further psychosocial interventions are indicated. A psychological evaluation is medically necessary. However, the need for any treatment would depend on the results of the evaluation and there would need to be a specific treatment plan in order to consider it for authorization. Requesting both an evaluation and approval for treatment is not appropriate and not medically necessary.