

Case Number:	CM15-0197299		
Date Assigned:	10/12/2015	Date of Injury:	08/18/2014
Decision Date:	11/30/2015	UR Denial Date:	09/24/2015
Priority:	Standard	Application Received:	10/06/2015

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, Hawaii
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 27 year old male, who sustained an industrial injury on 8-18-2014. The injured worker was diagnosed as having lumbar sprain-strain and cervical sprain-strain. Treatment to date has included diagnostics, including magnetic resonance imaging of the lumbar spine (10-21-2014), and medications. Currently (9-18-2015) the injured worker complains of "severe pain", residual neck and low back, and reported that bilateral lower extremities "lock up". Mood was not described. Objective findings documented only "same". On 7-29-2015, objective findings noted "hard to move cramping LLE" and "back locks up-neck pain stiffness". Medications included Flexeril and Norco. Work status was total temporary disability. The progress report An Emergency Department report (10-15-2014) noted a social history of "heavy ETOH abuser" and "he is here frequently". More recently (7-01-2015) subjective complaints included depression, noting that he was "seen in ER due to crying and depression" and "he needs to be sent to an internist and psychiatrist for evaluation of his non-orthopedic injuries" on 5-19-2015 (complaints included gastric burning secondary to medication injection with heart palpitations and tachycardia and also insomnia and anxiety secondary to pain). It was not clear if any physical therapy was attended previously or why repeat magnetic resonance imaging of the lumbar spine was being requested. Magnetic resonance imaging of the lumbar spine (10-2014) showed minimal levoscoliosis centered at L3, large central and left sided disc protrusion at L4-5, impinging on the thecal sac, compressing, and displacing the left L5 nerve posteriorly, and small central disc protrusion at L3-4 without spinal stenosis or nerve impingement. The current treatment plan included medical-psych evaluations, repeat magnetic resonance imaging of the

lumbar spine, and physical therapy for the lumbar spine (2x6), non-certified by Utilization Review on 9-24-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medical/Psych evaluation's: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter 7 - Independent Medical Examinations and Consultations page 127.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004), page 127.

Decision rationale: The patient presents with pain affecting the neck and low back. The current request is for Medical/Psych evaluations. The treating physician report dated 7/1/15 (17B) states, Feels depressed. Has 4 kids at home was seen in ER due to crying & depression. ACOEM Practice Guidelines, 2nd Edition (2004), page 127 has the following: The occupational health practitioner may refer to other specialists 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. ACOEM guidelines further states, referral to a specialist is recommended to aid in complex issues. The medical reports provided show the patient has shown symptoms of increasing depression secondary to chronic pain affecting the lumbar and cervical spine. In this case, the patient presents with depression secondary to chronic pain that is affecting his quality of life. The treating physician specializes in orthopedic surgery and is requesting the expertise of an additional health practitioner who specializes in psychiatric medicine, in order to properly treat the patient's symptoms and discuss further treatment options. While the patient may require a psychological evaluation, the current request is for multiple evaluations which is not supported by ACOEM. The current request is not medically necessary.

Repeat MRI of lumbar spine: Upheld

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 - Magnetic resonance imaging (MRIs).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Low back, MRI.

Decision rationale: The patient presents with pain affecting the neck and low back. The current request is for Repeat MRI of lumbar spine. The requesting treating physician report dated 7/29/15 (12B) provided no rationale for the current request. The MTUS guidelines do not address the current request. The ODG has the following regarding MRI of the lumbar spine: Recommended for indications below. MRIs are test of choice for patients with prior back

surgery, but for uncomplicated low back pain, with radiculopathy, not recommended until after at least one month conservative therapy, sooner if severe or progressive neurologic deficit. Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (eg, tumor, infection, fracture, neurocompression, and recurrent disc herniation). In this case, the patient has received a previous MRI of the lumbar spine and there is no evidence in the documents provided that suggests that the patient has had a significant change in symptoms. The ODG guidelines only recommend a repeat MRI if the patient is experiencing a significant change in symptoms that is corroborated by findings during examination. The current request does not satisfy the ODG guidelines as outlined in the Low Back chapter. The current request is not medically necessary.

Physical therapy to lumbar spine 2x week for 6 weeks: Upheld

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

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

Decision rationale: The patient presents with pain affecting the neck and low back. The current request is for Physical therapy to lumbar spine 2 x weeks for 6 weeks. The requesting treating physician report dated 10/13/15 (5B) provides no rationale for the current request. MTUS supports physical medicine (physical therapy and occupational therapy) 8-10 sessions for myalgia and neuritis type conditions. The MTUS guidelines only provide a total of 8-10 sessions and the patient is expected to then continue on with a home exercise program. The medical reports provided do not show the patient has received prior physical therapy for the lumbar spine. The patient's status is not post-surgical. In this case, the current request of 12 visits exceeds the recommendation of 8-10 visits as outlined by the MTUS guidelines on page 99. Furthermore, there was no rationale by the physician in the documents provided as to why the patient requires treatment above and beyond the MTUS guidelines. The current request is not medically necessary.