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| Case Number: | CM15-0197395 | | |
| Date Assigned: | 10/12/2015 | Date of Injury: | 12/09/2014 |
| Decision Date: | 12/03/2015 | UR Denial Date: | 09/14/2015 |
| Priority: | Standard | Application Received: | 10/07/2015 |

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:

This is a 54 year old male with a date of injury on 12-9-14. A review of the medical records indicates that the injured worker is undergoing treatment for lower back pain. On 7-13-15 he reports his lower back pain as 5 out of 10. The pain is constant, dull, sharp, achy, throbbing, burning, spasmodic and radiates down the left leg. Progress report dated 8-10-15 reports continued complaints of lower back pain. Objective findings: spasms of the right rhomboid paraspinal, lumbar range of motion decreased with pain, facet joints disc bulge on multilevel. Current medications: Tramadol, Flexeril, naprosyn, and protonix. MRI lumbar spine 12-23-14 revealed multiple small bulges of the discs without any compromise of neural foramina or stenosis, facet degenerative changes at multiple levels. Treatments include: medication, physical therapy, acupuncture and chiropractic all provided no relief and cortisone injections provided relief. Request for authorization was made for MRI of lumbar spine without contrast 3.0 Tesla and Referral for pain management consult. Utilization review dated 9-14-15 non-certified the requests.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of lumbar spine without contrast 3.0 Tesla: Upheld

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

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Summary. Decision based on Non-MTUS Citation J Spinal Disord Tech. 2015 Dec;28(10):394-7. doi: 10.1097/BSD.Routine Upright Imaging for Evaluating Degenerative Lumbar Stenosis: Incidence of Degenerative Spondylolisthesis Missed on Supine MRI.Segebarth B1, Kurd MF, Haug PH, Davis R. Lumbar spinal degenerative "microinstability": hype or hope? Proposal of a new classification to detect it and to assess surgical treatment.Landi A, Gregori F, Mancarella C, Maiola V, Maccari E, Marotta N, Delfini R.Eur Spine J. 2015 Oct 20.

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. In this case, the claimant had an unremarkable MRI but some possible instability on x-ray flexion/extension. Pathology can be missed on MRI for which micro-instability can be found in dynamic imaging as noted in the cited literature. However, the claimant had an otherwise normal clinical exam and the request for the MRI was more for a diagnosis rather than need for intervention. There was no mention for possible surgery based on findings. As a result, the request is not medically necessary.

Referral for 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 Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter office guidelines, pg 92.

Decision rationale: According to the guidelines, office visits are recommended as medically necessary. The determination is also based on what medications the patient is taking, since some medicines such as opiates, or medicines such as certain antibiotics, require close monitoring. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system through self-care as soon as clinically feasible. A specialist referral may be made if the diagnosis is uncertain, extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A consultation is used to aid in diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or examinees fitness for return to work. In this case, pain scores or failure of medications and therapy were not noted to necessitate intervention from a pain specialist. There were no specific imaging findings of radiculopathy. As a result, the request for pain management for ESI is not medically necessary.

