

Case Number:	CM15-0207864		
Date Assigned:	10/26/2015	Date of Injury:	01/10/2001
Decision Date:	12/07/2015	UR Denial Date:	10/08/2015
Priority:	Standard	Application Received:	10/22/2015

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, South Carolina

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, 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 65 year old female, who sustained an industrial injury on 1-10-01. The injured worker was diagnosed as having cervical sprain, lumbar intervertebral disc displacement, and spinal stenosis. Subjective findings (9-16-15) indicated lower back pain. The injured worker declined medications. Objective findings (9-16-15) revealed a positive straight leg raise test bilaterally, tenderness to palpation, and decreased sensation at L4 bilaterally. The lumbar range of motion was 40 degrees of flexion, 12 degrees of extension and 14 degrees of lateral bending bilaterally. Treatment to date has included acupuncture and a lumbar MRI on 7-17-13, showing a 3mm disc protrusion at L5-S1. The Utilization Review dated 10-8-15, non-certified the request for a pain management consultation with specialist and a lumbar MRI.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain management consultation with specialist: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 2nd edition (2004) Chapter 7: Independent Medical Examinations and Consultations, page 127.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Introduction, Chronic pain programs (functional restoration programs). Decision based on Non-MTUS Citation ACOEM Ch 7 INDEPENDENT MEDICAL EXAMINATIONS AND CONSULTATIONS pg 503.

Decision rationale: Although the MTUS does not directly address pain management consultation, it does address chronic pain programs that could be multidisciplinary or interdisciplinary. Pain clinics are included within the multidisciplinary programs and may be considered medically necessary when: adequate and thorough evaluation has been made; previous chronic pain treatment has been unsuccessful; the injured worker (IW) has had loss of ability to function independently; the IW is not a surgical candidate; and the IW shows motivation to change. Furthermore, the cited ACOEM guidelines state that an injured worker may be referred to other specialists when the course of care would benefit from additional expertise. Based on the sparse and difficult to read hand written medical records for this IW, there is no indication that previous chronic pain treatment has been unsuccessful, that she cannot function independently, and is not a surgical candidate. Although consultation with other providers is often necessary, the basis for this request is unclear, since treatment appears straightforward. Therefore, the request for pain management consultation is not medically necessary at this time.

MRI (magnetic resonance imaging), lumbar spine: 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. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), MRIs (magnetic resonance imaging).

Decision rationale: The CA MTUS is silent on the issue of MRI for the lumbar spine; however, the cited ACOEM guideline states that if physiologic evidence indicates tissue insult or nerve impairment, an MRI may be indicated to define a potential cause for neural or other soft tissue symptoms. Furthermore, imaging studies should be reserved for cases in which surgery is being considered or red-flag diagnoses are undergoing evaluation. The cited ODG states that MRIs are not recommended for uncomplicated low back pain with radiculopathy, until at least one month of conservative therapy has been completed; sooner if a severe or progressive neurologic deficit is present. Repeat MRI is indicated when there is a significant change in symptoms and/or findings suggestive of significant pathology. In the case of this injured worker, she has had a previous MRI of the lumbar spine on 7-17-13, with continued stable exam findings, and no demonstrated red-flag diagnoses, or documented progressive neurologic deficits. Therefore, the request for repeat MRI of the lumbar spine is not medically necessary and appropriate at this time.