

Case Number:	CM15-0020466		
Date Assigned:	02/10/2015	Date of Injury:	02/21/2014
Decision Date:	03/25/2015	UR Denial Date:	01/26/2015
Priority:	Standard	Application Received:	02/03/2015

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: North Carolina
 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 48 year old male who sustained an industrial injury on 02/21/2014. He injured his neck and low back. Diagnoses include Sprain/strain of the lumbar spine, sprain/strain of the cervical spine, herniated nucleolus pulpous of the lumbar spine at L4-5 and L5-S1, lumbar stenosis with neural foraminal narrowing, herniated nucleolus pulpous of the cervical spine, and cervical stenosis. Treatment to date has included medications, physical therapy, and chiropractic sessions. A physician progress note dated 01/16/2015 documents the injured worker complains of a painful and tight neck; upper and lower back with spasms are worse. He has pain and tenderness. Cervical spine range of motion is decreased. He has pain and spasms in the lumbar spine and limited range of motion. The injured worker is not a candidate for injections because he is on anticoagulant medications. Treatment requested is for MRI of the cervical spine, MRI of the lumbar spine, and Psych consult and treatment x 6. On 01/26/2015 Utilization Review non-certified the request for Magnetic Resonance Imaging of the cervical and lumbar spine, and for a Psych consult and treatment x 6. There was no documentation present citing the guidelines for the non-certifications.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

Decision rationale: The ACOEM chapter on low back complaints and imaging studies states: Table 12-7 provides a general comparison of the abilities of different techniques to identify physiologic insult and define anatomic defects. An imaging study may be appropriate for a patient whose limitations due to consistent symptoms have persisted for one month or more to further evaluate the possibility of potentially serious pathology, such as a tumor. Relying solely on imaging studies to evaluate the source of low back and related symptoms carries a significant risk of diagnostic confusion (false positive test results) because of the possibility of identifying a finding that was present before symptoms began and therefore has no temporal association with the symptoms. Techniques vary in their abilities to define abnormalities (Table 12-7). Imaging studies should be reserved for cases in which surgery is considered or red-flag diagnoses are being evaluated. Because the overall false-positive rate is 30% for imaging studies in patients over age 30 who do not have symptoms, the risk of diagnostic confusion is great. Per the ACOEM, imaging studies are indicated in the presence of red flag symptoms, when suspected cauda equina syndrome, tumor or fracture are strongly suspected or when surgery is being considered. There is no documentation of any of these criteria and no sudden change in the patient's physical exam. In the absence of any other physician documentation to consider, the request is not certified

MRI of the cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

Decision rationale: The ACOEM chapter on neck and upper back complaints and special diagnostic studies states: Criteria for ordering imaging studies are: -Emergence of a red flag- Physiologic evidence of tissue insult or neurologic dysfunction - Failure to progress in a strengthening program intended to avoid surgery - Clarification of the anatomy prior to an invasive procedure. The provided progress notes fails to show any documentation of indications for imaging studies of the neck as outlined above per the ACOEM. There was no emergence of red flag. The neck pain was characterized as unchanged. The physical exam noted no evidence of new tissue insult or neurologic dysfunction. There is no planned invasive procedure. Therefore, criteria have not been met for a MRI of the neck and the request is not certified.

Psych consult and treatment x 6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Page(s): 1, 100-101.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to
Initial Assessment and Documentation.

Decision rationale: Per the ACOEM, referral or consults may be necessary when: Referral may be appropriate if the practitioner is uncomfortable with the line of inquiry outlined above, with treating a particular cause of delayed recovery (such as substance abuse), or has difficulty obtaining information or agreement to a treatment plan. In this case there are no primary psychiatric disorders mentioned and the patient has not psychiatric diagnosis. Therefore, the need for psychiatric consultation has not been established and the request is not certified.