MAXIMUS Federal Services

Case Number:	CM15-0020603		
Date Assigned:	02/10/2015	Date of Injury:	12/06/2005
Decision Date:	03/26/2015	UR Denial Date:	01/08/2015
Priority:	Standard	Application Received:	02/04/2015

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: New Jersey, New York
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 was a 43 year old male, who sustained an industrial injury, December 6, 2005. According to progress note of December 16, 2014, the injured workers chief complaint was progressive low back pain. The injured worker complained that the pain was sharp on and off throughout the spine with some radiation down the buttocks. The physical exam noted tenderness throughout the lumbar paraspinal muscles at levels L4-S1. There was evidence of mild muscle spasms in the lumbar spine. The injured worker was diagnosed with X-rays of the lumbar spine noted osteoarthritis of L3-L5 with joint space narrowing and osteophyte formation. The injured worker previously received the following treatments x-rays of the lumbar spine, laboratory studies. According to the progress note of December 31, 21014 and MRI of the lumbar spine was recommended after the X-rays of the lumbar spine were completed. On December 16, 2014, the primary treating physician requested denied authorization for an MRI of lumbar spine, orthopedic consultation and treat. January 8, 2015, the Utilization Review denied authorization for an MRI of lumbar spine, orthopedic consultation and treat. The denial was based on the MTUS/ACOEM and ODG guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI (Magnetic Resonance Imaging) of the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287.

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

Decision rationale: The request for lumbar MRI is medically unnecessary. An MRI of lumbar spine is useful to identify specific nerve compromise found on physical exam. This patient did not have any documented specific nerve deficits on exam. He had normal sensation, strength and equal deep tendon reflexes on exam. Indiscriminant imaging can result in false positive findings, such as disc bulges, that may not be the source of the pain or warrant surgery. Because of these reasons, the request for lumbar MRI is medically unnecessary.

Orthopedic referral for evaluation and treatment: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM) Practice Guidelines:Chapter 7, Independent Medical Evaluations and Consultations, Page 127

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298.

Decision rationale: As per the MTUS guidelines, referral may be appropriate if the practitioner is uncomfortable with treating a particular cause of delayed recovery or has difficulty in obtaining information or agreement to treatment plan. Consultations are warranted if there are persistent symptoms, and unresolved radicular symptoms after receiving conservative treatment. The request for an orthopedic surgeon is not medically necessary at this time. It is unclear what types of conservative treatment the patient utilized and what the patient's response was. A full trial of conservative therapy is warranted before referral for any intervention. Therefore, the request is considered not medically necessary at this time.