MAXIMUS Federal Services

Case Number:	CM15-0020740		
Date Assigned:	03/18/2015	Date of Injury:	02/23/2011
Decision Date:	04/15/2015	UR Denial Date:	01/20/2015
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: California, District of Columbia, Maryland
Certification(s)/Specialty: Anesthesiology, Pain Management

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 51-year-old male, who sustained an industrial injury on 02/23/2011. He has reported right shoulder pain and mid-back and low back pain. The diagnoses have included thoracic disc displacement; thoracic sprain/strain; lumbar sprain/strain. Treatment to date has included medications, physical therapy, and surgical intervention. Medications have included Norco and Flexeril. A progress note from the treating physician, dated 12/04/2014, documented a follow-up visit with the injured worker. Currently the injured worker complains of frequent pain in the right shoulder; numbness and tingling in the right arm and hand; and constant pain in the mid and low back which radiates into the legs down to the feet. Objective findings have included tenderness to palpation over the thoracic spine and paravertebral muscles bilaterally and hypertonicity on the left; tenderness to palpation of the lumbar spine and hypertonicily on the left; straight leg raise was positive bilaterally; and tenderness over the right acromioclavicular joint. The treatment plan included prescription medications, spine surgeon consultation, and imaging and neuromuscular studies. Request is being made for 1 spine surgeon consultation for the lumbar spine; 1 MRI of the thoracic spine with IV contrast; 1 NCV/EMG of the bilateral lower extremities; and prescription of Kera-Tek analgesic gel.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 spine surgeon consultation for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 288.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 127.

Decision rationale: The ACOEM guidelines indicate that a specialty referral may be needed if additional specialty guidance is needed. However, the injured employee has had previous lumbar spine surgery and despite the current MRI findings of the lumbar spine contacting the left L2 and L3 dorsal root, there are no subjective complaints or physical examination findings of a radiculopathy. As the injured employee is not a surgical candidate, this request for a spine surgeon consultation is not medically necessary.

1 MRI of the thoracic spine with IV contrast: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Neck and Upper Back, MRI.

Decision rationale: While the injured employee does have complaints of chronic thoracic spine pain. There are no related findings of abnormal neurological findings related to the thoracic spine region. Without justification, this request for an MRI the thoracic spine is not medically necessary.

1 NCV/EMG of the bilateral lower extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low back & Thoracic (Acute & Chronic).

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

Decision rationale: ACOEM guidelines indicate that nerve conduction studies may be indicated if there are unequivocal objective findings of specific nerve root compromise. The physical examination of the injured employee dated February 23, 2015 does not include any subjective complaints of a radiculopathy or any abnormal neurological findings. As such, this request for NCV/EMG studies of the bilateral lower extremities is not medically necessary.

Unknown prescription of Kera-Tek analgesic gel: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate topicals.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 105, 111-112.

Decision rationale: ACOEM guidelines indicate that nerve conduction studies may be indicated if there are unequivocal objective findings of specific nerve root compromise. The physical examination of the injured employee dated February 23, 2015 does not include any subjective complaints of a radiculopathy or any abnormal neurological findings. As such, this request for NCV/EMG studies of the bilateral lower extremities is not medically necessary.