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| Case Number: | CM15-0029190 | | |
| Date Assigned: | 02/24/2015 | Date of Injury: | 10/28/2004 |
| Decision Date: | 04/06/2015 | UR Denial Date: | 02/03/2015 |
| Priority: | Standard | Application Received: | 02/17/2015 |

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
 Certification(s)/Specialty: Emergency Medicine

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 54-year-old male, with a reported date of injury of 10/28/2004. The diagnoses include status post spinal fusion and chronic pain. Treatments included an MRI of the thoracic spine, a thoracic paravertebral nerve block, with no pain relief, and oral medications. The progress report dated 11/17/2014 indicates that the injured worker was status post a posterior spinal fusion, posterior spinal instrumentation at T10-S1, pelvic fixation, bilateral iliac crest bone graft, L2-L4 laminectomy, and L2-L5 type 1 posterior spinal osteotomy on 03/13/2013. He complained of worsening right rib cage and low back pain. The pain radiated to both legs, with an intense, burning pain to his right calf region. He also complained of bilateral buttock numbness. The physical examination showed good alignment, mild thoracic kyphosis, normal strength, and okay balance. The treating physician requested a referral to pain management to change over to methadone and wean opiates, and one computerized tomography (CT) scan of the lumbar and thoracic spine to evaluate and structural cause. On 02/03/2015, Utilization Review (UR) denied the request for one referral to pain management and one computerized tomography (CT) scan of the lumbar and thoracic spine, noting that there was no indication that a referral to pain management would be needed after the weaning regimen was already started; and there was no indication that the injured worker had acute symptoms or that there were contraindication to an MRI. The ACOEM Guidelines and the Chronic Pain Disorder Medical Treatment Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

One Referral for Pain Management: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chronic Pain Disorder Medical Treatment Guidelines, State of Colorado Department of Labor and Employment (April 2007) page 56.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): red flag indications, Chronic Pain Treatment Guidelines Part 1: Introduction Page(s): 1.

Decision rationale: The requested One referral for pain management , is not medically necessary American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 12, Low Back Complaints, Assessing red flags and indications for immediate referral, recommend specialist consultation with physical exam evidence of severe neurologic compromised that correlates with the medical history and test results. California Medical Treatment Utilization Schedule (MTUS), 2009, Chronic pain, page 1, Part 1: Introduction, states if the complaint persists, the physician needs to reconsider the diagnosis and decide whether a specialist evaluation is necessary. The injured worker has right rib cage and low back pain. The pain radiated to both legs, with an intense, burning pain to his right calf region. He also complained of bilateral buttock numbness. The physical examination showed good alignment, mild thoracic kyphosis, normal strength, and okay balance. The treating physician has not documented the medical necessity for this referral. The criteria noted above not having been met, one referral for pain management is not medically necessary.

One CT scan of the lumbar and thoracic spine without contrast: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints Page(s): 177-178, 182 and 303-305.

Decision rationale: The requested One CT scan of the lumbar and thoracic spine without contrast, is not medically necessary al and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 8, Neck and Upper Back Complaints, Special Studies and Diagnostic and Treatment Considerations, pages 177-178 and 182, note the 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; and ?MRI or CT to validate diagnosis of nerve root compromise, based on clear history and physical examination findings, in preparation for invasive procedure. CA MTUS, ACOEM 2nd Edition, 2004, Chapter 12, Lower Back Complaints, Special Studies and Diagnostic and Therapeutic Considerations, pages 303-305, recommend imaging studies of the lumbar spine with "Unequivocal objective findings that identify specific nerve compromise on the neurological examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an

option". The injured worker has right rib cage and low back pain. The pain radiated to both legs, with an intense, burning pain to his right calf region. He also complained of bilateral buttock numbness. The physical examination showed good alignment, mild thoracic kyphosis, normal strength, and okay balance. The treating physician has not documented an acute clinical change, red flag conditions or inability to have an MRI scan. The criteria noted above not having been met, One CT scan of the lumbar and thoracic spine without contrast is not medically necessary.

Unknown Physical Therapy visits: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Physical Therapy Guidelines, Low Back Complaints, Physical Therapy.

Decision rationale: The requested Unknown physical therapy visits, is not medically necessary CA MTUS, ACOEM 2nd Edition, 2004, Chapter 12, Low Back Complaints, page 300 and ODG Treatment in Workers Compensation, ODG Physical Therapy Guidelines, Low Back Complaints, Physical Therapy, recommend continued physical therapy with documented derived functional benefit. The injured worker has right rib cage and low back pain. The pain radiated to both legs, with an intense, burning pain to his right calf region. He also complained of bilateral buttock numbness. The physical examination showed good alignment, mild thoracic kyphosis, normal strength, and okay balance. The treating physician has not documented sufficient objective evidence of derived functional benefit from completed physical therapy sessions. The criteria noted above not having been met, Unknown physical therapy visits is not medically necessary.