

Case Number:	CM15-0029257		
Date Assigned:	02/23/2015	Date of Injury:	03/18/2013
Decision Date:	04/14/2015	UR Denial Date:	01/26/2015
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 was a 61 year old female, who sustained an industrial injury, March 18, 2013. According to progress note of January 21, 2015, the injured workers chief complaint was back pain, low back pain and lumbar complaints. The injured workers care regarding the pain and disability associated with March 18, 2013 work related injury to the right shoulder, back, neck and bilateral lower extremities. The back pain was described as aching, burning, stabbing, throbbing and spasming. The injured worker indicates the back pain was worse with extension, flexion and hip flexion and rotation. The neck pain was now causing numbness and tingling in the bilateral upper extremities. The back, neck and bilateral shoulder pain was 8 out of 10; 0 being no pain and 10 being the worse pain. The physical exam the injured worker had pain with palpation to L3-L4.L4-L5 and L5-S1 facet capsules bilateral, pain with rotational extension indicative of capsular tears bilateral and secondary myofascial pain with triggering and ropey fibrotic banding bilateral with high levels of pain. The injured worker was diagnosed with degenerative disc disease severe at L5-S1 level, cervical lumbar injuries, right shoulder rotator cuff tear, anxiety, depressive disorder, trigger point injections to the right wrist and headaches. The injured worker previously received the following treatments MRI of the cervical spine on August 20, 2014, X-ray of the lumbar spine on October 30, 2014, Flexeril, Gabapentin, Methadone, Norco, and Nortriptyline, psychotherapy, Cymbalta and Lidoderm patches. On December 23, 2014, the primary treating physician requested authorization for an MRI of the lumbar spine and interventional care. On January 26, 2015, the Utilization Review denied

authorization for an MRI of the lumbar spine and interventional care. 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 lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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

Decision rationale: The requested MRI lumbar spine is not medically necessary. 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 indicates the back pain was worse with extension, flexion and hip flexion and rotation. The neck pain was now causing numbness and tingling in the bilateral upper extremities. The back, neck and bilateral shoulder pain was 8 out of 10; 0 being no pain and 10 being the worse pain. The physical exam the injured worker had pain with palpation to L3-L4, L4-L5 and L5-S1 facet capsules bilateral, pain with rotational extension indicative of capsular tears bilateral and secondary myofascial pain with triggering and ropey fibrotic banding bilateral with high levels of pain. The treating physician has not documented a positive straight leg raising test, nor deficits in dermatomal sensation, reflexes or muscle strength. The criteria noted above not having been met, MRI lumbar spine is not medically necessary.

Interventional care: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, Chapter 7, page 127.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Treatment, Pages 101-102 Page(s): 101-102. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Psychotherapy Guidelines.

Decision rationale: The requested Interventional care is not medically necessary. Chronic Pain Medical Treatment Guidelines, Psychological Treatment, Pages 101-102 recommend psych treatment for specifically-identified chronic pain patients, and Official Disability Guidelines (ODG), Pain Chapter, Psychotherapy Guidelines recommend continued psychotherapy beyond a six visit trial with documented derived functional improvement. The injured worker has indicates the back pain was worse with extension, flexion and hip flexion and rotation. The neck pain was now causing numbness and tingling in the bilateral upper extremities. The back, neck and

bilateral shoulder pain was 8 out of 10; 0 being no pain and 10 being the worse pain. The physical exam the injured worker had pain with palpation to L3-L4.L4-L5 and L5-S1 facet capsules bilateral, pain with rotational extension indicative of capsular tears bilateral and secondary myofascial pain with triggering and ropey fibrotic banding bilateral with high levels of pain. The treating physician has not documented objective evidence of derived functional improvement from completed psychotherapy sessions. The criteria noted above not having been met, interventional care is not medically necessary.