

Case Number:	CM15-0213104		
Date Assigned:	11/02/2015	Date of Injury:	06/27/1990
Decision Date:	12/22/2015	UR Denial Date:	10/19/2015
Priority:	Standard	Application Received:	10/29/2015

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, 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:

This is a 68 year old male with a date of injury of June 27, 1990. A review of the medical records indicates that the injured worker is undergoing treatment for degenerative disc disease and rule out lumbar disc herniation. Medical records dated June 27, 2015 indicate that the injured worker complained of low back stiffness and pain without radiation to the legs. A progress note dated September 29, 2015 documented complaints of lumbar spine pain rated at a level of 7 out of 10 spreading along the waistband, with no radiation to the lower extremities. Per the treating physician (September 29, 2015), the employee was permanent and stationary and has not returned to work. The physical exam dated June 27, 2015 reveals guarded gait, spasm of the lumbar paravertebral muscles bilaterally, tenderness at the posterior superior iliac spine and over the iliac crests, tenderness of the sciatic notch, decreased and painful range of motion of the lumbar spine, and positive straight leg raise bilaterally. The progress note dated September 29, 2015 documented a physical examination that showed acute tenderness to palpation around L5- S1 and the right sacroiliac joint and right sciatic notch, negative straight leg raise bilaterally, decreased range of motion of the lumbar spine, and a slow, side to side gait. Treatment has included medications (Norco), transcutaneous electrical nerve stimulator unit, and chiropractic treatments. X-rays of the lumbar spine (September 29, 2015) showed diffuse degenerative lumbar changes and slight narrowing at L4-5. The treating physician documented that a new magnetic resonance imaging of the lumbar spine was needed, but no prior report or interpretation was documented in the submitted records. The utilization review (October 19, 2015) non-certified a request for a pain management consultation and magnetic resonance imaging of the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain management consultation: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): General Approach.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Initial Care.

Decision rationale: The claimant is a 68 year-old male with date of injury of 6/27/1990 with chronic low back pain. The request is for a pain management consultant. The rationale for the request is unclear, especially given that the injury was 25 years ago. In this case, the medication management is not complex and the patient is not interested in any invasive pain management procedures. There are no red flag conditions present and no increase in the patient's pain. There is also no indication he is a surgical candidate. Therefore, given that there is no apparent reason for a pain management specialist, the request is not medically necessary or appropriate.

MRI of the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, Radiography.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies.

Decision rationale: The request is for a repeat MRI of the lumbar spine. Results of the previous MRI are not available for review. There are no red flag conditions necessitating the need for an MRI. There are no focal neurologic deficits to suggest a radiculopathy. There are no neurovascular deficits noted in the lower extremities. There is no evidence that the patient is a surgical candidate. Therefore, since the patient does not meet criteria for MRI, the request is not medically necessary or appropriate.