

Case Number:	CM15-0034164		
Date Assigned:	02/27/2015	Date of Injury:	10/12/2013
Decision Date:	05/05/2015	UR Denial Date:	01/29/2015
Priority:	Standard	Application Received:	02/23/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 50-year-old [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of October 12, 2013. In a utilization review report dated January 29, 2015, the claims administrator failed to approve a request for lumbar MRI imaging, 12 sessions of physical therapy, a neurology consultation, pain management consultation, and an orthopedic surgery consultation. Progress notes and RFA forms of November 11, 2014 and January 6, 2015 were referenced in the determination. The applicant's attorney subsequently appealed. In an RFA form dated January 6, 2015, the attending provider seemingly sought authorization for the issues in dispute. In an associated progress note of the same date, January 6, 2015, handwritten, difficult to follow, not entirely legible, the applicant seemingly presented with a variety of pain complaints, including neck pain, shoulder pain, low back pain and knee pain. The note comprised almost entirely of preprinted check boxes, with little to no narrative commentary. A sleep study, pain management consultation, neurology consultation and orthopedic surgery consultation were endorsed. The applicant's work status was not clearly detailed, although it did not appear that the applicant was working. In a narrative report dated September 18, 2014, the applicant reported a primary complaint of low back pain. The applicant was not working and had not been employed since mid 2012, the treating provider acknowledged. The applicant was apparently transferring care from another treating provider.

IMR ISSUES, DECISIONS AND RATIONALES

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

Magnetic Resonance Imaging (MRI) Lumbar: 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): 304.

Decision rationale: No, the request for a lumbar MRI was not medically necessary, medically appropriate or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 12, page 304, imaging studies should be reserved for cases in which surgery is being considered or red flag diagnoses are being evaluated. Here, however, there was no mention of the applicant's willingness to consider or contemplate any kind of surgical intervention based on the outcome of the study in question. The attending provider proposed the MRI request in conjunction with MRI studies of multiple other body parts, including the neck, mid back, and right shoulder. The fact that multiple MRI studies were concurrently proposed reduced the likelihood of the applicant's acting on the results of any one study and/or considering surgical intervention based on the outcome of the same. It is further noted that the request was initiated via preprinted check boxes, with little to no associated narrative commentary. Therefore, the request was not medically necessary.

Physical Therapy, Lumbar, 2 times weekly for 6 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines Page(s): 99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99.

Decision rationale: The request for 12 sessions of physical therapy was likewise not medically necessary, medically appropriate, or indicated here. The 12-session course of therapy proposed, in and of itself, represented treatment in excess of the 9- to 10-session course recommended on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines for myalgias and myositis of various body parts, the diagnosis reportedly present here. This recommendation is further qualified by commentary made on page 8 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that demonstration of functional improvement is necessary at various milestones in the treatment program in order to justify continued treatment. Here, however, the applicant was off of work, on total temporary disability, as of the date of the request. The applicant had apparently not worked since 2012, suggesting a lack of functional improvement as defined in MTUS 9792.20(f), despite receipt of earlier unspecified amounts of physical therapy over the course of the claim. Therefore, the request for additional physical therapy was not medically necessary.

Neurology consultation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM: Occupational Practice Guidelines, 2nd Edition: Chapter 7: Independent Medical Examinations and Consultations, page 127.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 92.

Decision rationale: The request for a neurology consultation was likewise not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 5, page 92 does acknowledge that referral may be appropriate when a practitioner is uncomfortable with treating or addressing a particular cause of delayed recovery, in this case, however, the requesting provider did not identify what issue or issues he intended for the neurologist to address and what issue or issues he intended to continue addressing himself. The documentation provided, as noted above, comprised almost entirely of preprinted check boxes and did not include any supporting rationale for the request at hand. Therefore, the request was not medically necessary.

Pain Medicine consultation: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM: Occupational Practice Guidelines, 2nd Edition: Chapter 7: Independent Medical Examinations and Consultations, page 127.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Part 1: Introduction Page(s): 1.

Decision rationale: The request for a pain management consultation, conversely, was medically necessary, medically appropriate, and indicated here. As noted on page 1 of the MTUS Chronic Pain Medical Treatment Guidelines, the presence of persistent complaints which prove recalcitrant to conservative management should lead the practitioner to reconsider the operating diagnosis to determine whether a specialist evaluation is necessary. Here, the applicant was off work. The applicant had multifocal pain complaints. Obtaining the added expertise of a practitioner specializing in chronic pain was, thus, indicated. Therefore, the request was medically necessary.

Orthopedic Surgery consultation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM: Occupational Practice Guidelines, 2nd Edition: Chapter 7: Independent Medical Examinations and Consultations, page 127.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 306.

Decision rationale: Finally, the request for an orthopedic surgery consultation was not medically necessary, medically appropriate, or indicated here. As the attending provider himself acknowledged in his September 2014 consultation, the applicant's primary pain generator was, in fact, the low back. However, the MTUS Guideline in ACOEM Chapter 12, page 306 notes that applicants with low back pain complaints alone, without findings suggestive of serious conditions of significant nerve root compromise, rarely benefit from either surgical consultation or surgery. Here, the attending provider did not identify the presence of an issue or lesion amenable to surgical correction. It was not clearly established how the applicant would benefit from the proposed orthopedic spine surgery consultation. There was no mention of the applicant's actively considering or contemplating any kind of surgical intervention involving the lumbar spine. Again, the attending provider's documentation comprised almost entirely of preprinted check boxes and furnished little in the way of narrative rationale or narrative commentary so as to augment the request at hand. Therefore, the request was not medically necessary.