MAXIMUS Federal Services

Case Number:	CM15-0037104		
Date Assigned:	03/05/2015	Date of Injury:	02/09/2007
Decision Date:	04/10/2015	UR Denial Date:	02/11/2015
Priority:	Standard	Application Received:	02/27/2015

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: Maryland
Certification(s)/Specialty: Internal Medicine, Rheumatology

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 (IW) is a 64-year-old female who sustained an industrial injury on 02/09/2007. She has reported chronic back pain. Diagnoses include lumbar degenerative disc disease. Treatment to date include anterior posterior fusion of L2-S1 (1-/12/2011); I&D post op wound infection o(10/26/2011; s/p hardware removal 03/26/2014, and medications. A progress note from the treating provider dated 01/07/2015 indicates the Injured Worker complains of constant dull and numb pain, and pins and needles radiating across the low back following exercise or sitting for long periods. She rates her low back pain a 6/10. The Injured Worker has tenderness to palpation of the lumbar spine extending into the bilateral left greater than right paraspinal region. There is decreased range of motion of the lumbar spine in all directions. The SLR test on the right causes pain to the knee at 60 degrees. She has diminished reflexes bilaterally and bilateral sciatic notch tenderness. Diagnostic tests reviewed were of nuclear medicine bone scan, triphase of 10/14/2014, which showed a focus of increased delayed activity on the right at the lumbo sacral. An electromyogram (EMG) of the bilateral lower extremities that revealed evidence of left L4 radiculopathy, and a CT lumbar spine that showed degenerative disc disease and facet arthropathy, canal stenosis including L4-5 mild canal stenosis, Neural foraminal narrowing mild L1-2, (L) ; L2-3 moderate(R) , moderate to severe (>) L3-4, moderate to severe (L) ; L4-5 moderate to severe(R) , mild to moderate (L); and L5-S1 moderate bilateral neural foraminal narrowing. Vascular calcifications were appreciated and sacroiliac degenerative change was noted with fusion on the (L) 08/26/2014. Plans were for a MRI of the lumbar spine as the Injured Worker is considering the option of surgical intervention,

ongoing follow-ups with pain management specialist, ongoing general orthopedic follow-ups for her general orthopedic complaints, and ongoing pain psychology follow-ups with her pain psychologist. On 02/11/2015 Utilization Review non-certified a request for MRI lumbar spine. The MTUS-ACOEM --Guidelines were cited. On 02/11/2015, Utilization Review non-certified a request for Ongoing general orthopedic follow-ups. The MTUS Guidelines were cited. On 02/11/2015, Utilization Review non-certified a request for Ongoing pain psychology follow-up. The MTUS Guidelines were cited.

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 Page(s): 303-304. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); http://www.odg-twc.com/odgtwc/low_back.htm#Radiography.

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

Decision rationale: This 64 year old female has complained of low back pain since date of injury 2/9/07. She has been treated with lumbar spine surgery, physical therapy and medications. The current request is for MRI of the lumbar spine. Per the MTUS guidelines cited above, unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. There is no documentation of what surgical procedure is under consideration. Additionally, there is no documentation of any new trauma or incident to warrant repeat imaging. On the basis, of the available medical records and per the MTUS guidelines cited above, MRI of the lumbar spine is not indicated as medically necessary.

Ongoing general orthopedic follow-ups: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: This 64 year old female has complained of low back pain since date of injury 2/9/07. She has been treated with lumbar spine surgery, physical therapy and medications. The current request is for ongoing general orthopedic follow-ups. The available medical records do not document the purpose and medical rationale for obtaining ongoing orthopedic visits. On the basis of, the available medical records and per the ACOEM guidelines cited above, ongoing orthopedic visits are not indicated in the treatment of chronic low back complaints.

Ongoing pain psychology follow-up: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: This 64 year old female has complained of low back pain since date of injury 2/9/07. She has been treated with lumbar spine surgery, physical therapy and medications. The current request is for ongoing pain psychology follow-ups. The available medical records do not document the purpose and medical rationale for obtaining ongoing pain psychology follow ups. On the basis of, the available medical records and per the ACOEM guidelines cited above, ongoing pain psychology follow ups are not indicated in the treatment of chronic low back complaints.