

Case Number:	CM15-0042214		
Date Assigned:	03/12/2015	Date of Injury:	09/24/2003
Decision Date:	04/23/2015	UR Denial Date:	02/27/2015
Priority:	Standard	Application Received:	03/05/2015

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: Florida

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:

The injured worker is a 60-year-old female, who sustained an industrial injury on September 24, 2003. She reported low back injury. The injured worker was diagnosed as having lumbar facet syndrome, low back pain, and sacroiliac pain. Treatment to date has included medications, and chiropractic therapy. On January 15, 2015, her low back pain is rated 2/10 with medications, and 5/10 without medications. On February 12, 2015, she was seen for low back pain. She rates her pain as 5/10 on a pain scale, with medications, and 7/10 without medications. She reported no new problems, however reported being hospitalized during Christmas time, and states this was due to the combination of medications she is taking. The request is for a magnetic resonance imaging of the lumbar spine, and a psychologist referral.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar spine MRI without contrast quantity:1:00: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 303-305.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ACEOM Low Back Complaints, referenced by CA MTUS guidelines. Page 301-315 Page(s).

Decision rationale: Regarding this request for an MRI of the Lumbar spine, guidelines state unequivocal objective findings that identify specific nerve compromise on the neurologic examination at sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. When the neurologic examination is less clear, however further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. Indiscriminant imaging results in false positive findings, such as disk bulges, that are not the source of painful symptoms and do not warrant surgery. Request is not reasonable as there is no indication that there has been failure of conservative therapy or that there are red flags or that symptoms are severe or there is a progressive neurologic deficit. In this patient's case, a worsening of her chronic back pain has been documented. No new neurologic symptoms or red flags symptoms have been documented. This request is not considered medically necessary.

Psychologist referral: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological evaluations.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychology Evaluations Specialty Referrals Page(s): 2-3, occupational medicine guidelines.

Decision rationale: In this case, referral to a Psychologist has been requested regarding this patient's depression and her chronic pain. MTUS guidelines specifically state that Psychology Evaluations are "Recommended. Psychological evaluations are generally accepted, well-established diagnostic procedures not only with selected use in pain problems, but also with more widespread use in chronic pain populations. Diagnostic evaluations should distinguish between conditions that are preexisting, aggravated by the current injury or work related. Psychosocial evaluations should determine if further psychosocial interventions are indicated. The interpretations of the evaluation should provide clinicians with a better understanding of the patient in their social environment, thus allowing for more effective rehabilitation." Again, regarding this patient's case, she does have chronic pain and depression. There is nothing prohibitory in these guidelines to deny are a Psychology evaluation. This request is considered medically necessary.