

Case Number:	CM15-0046696		
Date Assigned:	03/19/2015	Date of Injury:	01/02/2013
Decision Date:	04/20/2015	UR Denial Date:	02/18/2015
Priority:	Standard	Application Received:	03/12/2015

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: Arizona, California
 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 38 year old male, who sustained an industrial injury on January 2, 2013. He reported low back pain and heel pain. The injured worker was diagnosed as having lumbar sprain, Iliofemoral (ligament) sprain, contusion of ankle and foot, excluding toes, tibialis tendinitis and displacement of cervical intervertebral disc without myelopathy. Treatment to date has included diagnostic studies, conservative treatments, pain injections, medications and work restrictions. Currently, the injured worker complains of low back pain and heel pain. The claimant had an MRI in 12/2013, which showed facet disease with impingement of the S1 nerve root. The injured worker reported an industrial injury in 2013, resulting in the above noted pain. He was treated conservatively without complete resolution of the pain. Evaluation on January 20, 2015, revealed continued pain an MRI and pain management consultation was requested. Exam findings were notable for a tender lumbar spine, + Faber signs and intact motor and sensory functions. Unfortunately, much of the documentation was hand written and illegible.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of 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): 309.

Decision rationale: According to the ACOEM guidelines, an MRI of the lumbar spine is recommended for red flag symptoms such as cauda equina, tumor, infection, or uncertain neurological diagnoses not determined or equivocal on physical exam. There were no red flag symptoms. There was no plan for surgery. The claimant had an MRI 1 year ago and there was no indication of new evolving symptoms. The request for an MRI of the lumbar spine is not medically necessary.

Pain management consult with [REDACTED]: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

Decision rationale: In this case, referral to pain management was for facet blocks and SI joint injections. According to the ACOEM guidelines, invasive procedures such as blocks and injections are not recommended. Invasive techniques are of questionable merit. The treatments do not provide any long-term functional benefit or reduce the need for surgery. Therefore, the request for lumbar trigger point injection is not medically necessary. Based on the guidelines and lack of clear indication in the progress notes, the request for a pain consultation is not medically necessary.