

Case Number:	CM15-0052281		
Date Assigned:	03/25/2015	Date of Injury:	06/09/2013
Decision Date:	06/12/2015	UR Denial Date:	03/09/2015
Priority:	Standard	Application Received:	03/19/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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 injured worker is a 46-year-old male, who sustained an industrial injury on 6/9/13. The diagnoses have included chronic low back pain and right medial epicondylitis. Treatment to date has included medications, bracing, injections, activity modifications and home exercise program (HEP). As per the physician progress note dated 8/28/14, the injured worker complains of right elbow and back pain. It was noted that he had a steroid injection on 6/14/14 and was released to full work duty. However, over the last 3 months, the pain is worsening again and he has not worked since 9/2/13. The objective findings revealed blood pressure 120/80, pulse 68, and weight is 250 pounds. There is positive pain behaviors noted. The second steroid Injection was given into the right medial condyle without complication. The current medications included Votaren gel, Tramadol, Relafen, Elavil, Xanax and Flexeril. There were no previous labs or urine drug screen reports noted and there was no previous diagnostics for the lumbar spine noted. Work status is modified duty. The physician requested treatments included Blood Work Blood urea nitrogen, Creatinine, and Magnetic Resonance Imaging (MRI) of the Lumbar Spine without contrast.

IMR ISSUES, DECISIONS AND RATIONALES

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

Blood Work BUN and Creatine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines History and physical assessment Page(s): 5-6.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines, blood work: BUN and creatinine are not medically necessary. Thorough history taking is there always important in the clinical assessment and treatment planning for the patient with chronic pain and includes a review of medical records. Clinical recovery may be dependent on identifying and addressing previously unknown or undocumented medical or psychosocial issues. A thorough physical examination is also important to establish/confirm diagnoses and observe/understand pain behavior. The history and physical examination serves to establish reassurance and patient confidence. Diagnostic studies should be ordered in this context and community is not simply for screening purposes." In this case, the injured worker's working diagnoses are right medial epicondylitis; and chronic low back pain. The medical record contains 16 pages and one progress note dated August 28, 2014. The request for authorization is dated March 2, 2015. There are no contemporaneous progress notes on or about the date of request for authorization. The treatment plan included Voltaren gel applies to the medial elbow QID. Utilization review's analysis certified a referral to the spine surgeon. There was no documentation in the progress note indicating lab work was clinically indicated. There was no physical examination on or about the date of request for authorization of the lumbar spine with complaints referable to lumbar spine. Consequently, absent clinical documentation with a clinical indication and rationale from the treating provider for lab work, blood work: BUN and creatinine are not medically necessary.

MRI of the Lumbar Spine without contrast: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Magnetic Resonance Imaging (MRI).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, MRI.

Decision rationale: Pursuant to the Official Disability Guidelines, MRI of the lumbar spine without contrast is not medically necessary. MRIs of the test of choice in patients with prior back surgery, but for uncomplicated low back pain, with radiculopathy, it is not recommended until after at least one month conservative therapy, sooner if severe or progressive neurologic deficit. Repeat MRI is not routinely recommended and should be reserved for a significant change in symptoms and findings suggestive of significant pathology. Indications (enumerated in the official disability guidelines) for imaging include, but are not limited to, lumbar spine trauma, neurologic deficit; uncomplicated low back pain with red flag; uncomplicated low back pain prior lumbar surgery; etc. ACOEM states unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in

patients not respond to treatment and who would consider surgery an option. See the ODG for details. In this case, the injured worker's working diagnoses are right medial epicondylitis; and chronic low back pain. The medical record contains 16 pages and one progress note dated August 28, 2014. The request for authorization is dated March 2, 2015. There are no contemporaneous progress notes on or about the date of request for authorization. The treatment plan included Voltaren gel applies to the medial elbow QID. Utilization review's analysis certified a referral to the spine surgeon. There was no documentation in the progress note indicating an MRI lumbar spine was clinically indicated. There was no physical examination on or about the date of request for authorization of the lumbar spine with complaints referable to lumbar spine. Consequently, absent clinical documentation with a clinical indication and rationale on or about the date of request for authorization for an MRI, MRI of the lumbar spine without contrast is not medically necessary.