MAXIMUS Federal Services

Case Number:	CM15-0057996		
Date Assigned:	04/02/2015	Date of Injury:	11/24/1998
Decision Date:	06/29/2015	UR Denial Date:	02/27/2015
Priority:	Standard	Application Received:	03/26/2015

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: New Jersey, Alabama, California
Certification(s)/Specialty: Neurology, Neuromuscular 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 53 year old female, who sustained an industrial injury on 11/24/98. She has reported initial complaints of low back injury with popping after lifting a box and the severe pain radiated to both legs. The diagnoses have included backache, lumbago, lumbar facet syndrome, lumbosacral disc degeneration, osteoarthritis, fibromyalgia, hypertension, chronic back pain, history of lumbar fusion and lumbar fusion revision. Treatment to date has included medications, activity modifications, diagnostics, surgery, and physical therapy. Currently, as per the physician progress note dated 1/26/15, the injured worker is for follow up appointment and medication re-fills. It is noted that the medications allow her to be more active, experience less pain and perform activities of daily living (ADL). The physician notes that she is making slow progress with post- operative low back pain for significant degenerative disc disease (DDD) of the lumbar spine. The pain is constant and significant and she requires her pain medication to function. The physical findings reveal blood pressure of 138/84, pulse of 99, and oxygen saturation 98 percent. The lung sounds were normal without wheezing and the lumbar exam revealed paraspinal tenderness and decreased active range of motion with extension after flexion. The diagnostic testing that was performed included x-rays of the lumbar spine. The current medications included Amitriptyline, Bisacodyl, Klor-Con, Lexapro, Omeprazole, Ondansetron, Pantoprazole, Proair, and Tizanidine There is no diagnostic reports noted in the records. There is a fax dated 2/13/15 that notes that the injured worker saw the physician for QME and for completeness of the doctor's report he is requesting an outpatient X-ray, Pulmonary Function Test (PFT) and blood work.

IMR ISSUES, DECISIONS AND RATIONALES

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

X-ray: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Radiography (x-rays). http://www.odg- twc.com/index.html.

Decision rationale: In this case, there is insufficient information provided concerning type/location of the requested x-ray. The provider have to provide the location of X ray and a justification of the X ray. Therefore, request for X ray is not medically necessary.

Pulmonary Function Test (PFT): Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pulmonary Function Testing. http://emedicine.medscape.com/article/303239-overview.

Decision rationale: According to Medscape, pulmonary function testing is indicated to establish baseline lung function, evaluate dyspnea, detect pulmonary disease, monitor effects of therapies used to treat respiratory disease, evaluate respiratory impairment, evaluate operative risk, and perform surveillance for occupational-related lung disease. There is no documentation that the patient developed pulmonary dysfunction. Therefore, the request for Pulmonary Function Test (PFT) is not medically necessary.

Blood Work: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Preoperative lab testing. http://www.odg- twc.com/index.html.

Decision rationale: There is no documentation of renal, liver or blood dysfunction requiring blood work up. There is no documentation that the patient is scheduled for surgery that require preop blood work up. Therefore, the request is not medically necessary.