MAXIMUS Federal Services

Case Number:	CM15-0059037		
Date Assigned:	04/03/2015	Date of Injury:	05/04/2007
Decision Date:	05/15/2015	UR Denial Date:	03/10/2015
Priority:	Standard	Application Received:	03/27/2015

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: Texas, 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:

This is a 64-year-old male patient, who sustained an industrial injury on May 4, 2007. He sustained the injury due to involvement in a motor vehicle accident. The diagnoses include a right shoulder tear. Diagnoses associated with the request include lumbago, lumbar spine radiculitis/neuritis and Barrett's esophagus. Per the doctor's note dated 2/9/2015, he had complains of continued neck pain, right shoulder pain and low back pain. He rates the neck pain a 9 on a 10-point scale, the right shoulder pain a 9 on a 10-point scale and the low back pain a 9 on a 10-point scale. The physical examination revealed decreased range of motion of the cervical spine, lumbar spine and right shoulder; tenderness over the lower lumbar area; positive straight leg raising test bilaterally. The medications list includes norco. He has had lumbar MRI on 3/7/2014, which revealed disc bulge at L4-5 and L5-S1 without nerve root compromise. He has undergone right shoulder arthroscopic surgery in 2010. He has had physical therapy visits and epidural steroid injections for this injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Low Back (updated 04/29/15)MRIs (magnetic resonance imaging).

Decision rationale: MRI of the Lumbar Spine Per the ACOEM low back guidelines cited below "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. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. Indiscriminant imaging will result in false-positive findings, such as disk bulges, that are not the source of painful symptoms and do not warrant surgery. If physiologic evidence indicates tissue insult or nerve impairment, the practitioner can discuss with a consultant the selection of an imaging test to define a potential cause (magnetic resonance imaging [MRI] for neural or other soft tissue, computer tomography [CT] for bony structures)." The records provided do not specify any progression of neurological deficits for this patient. The history or physical exam findings do not indicate pathology including cancer, infection, or other red flags. In addition, per the records provided patient has already had lumbar MRI on 3/7/2014, which revealed disc bulge at L4-5 and L5-S1 without nerve root compromise. Per the cited guidelines "Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (eg, tumor, infection, fracture, neurocompression, recurrent disc herniation)." Any significant change in the patient's condition since the last MRI that would require a repeat lumbar MRI is not specified in the records provided. Response to previous conservative therapy including physical therapy visits is not specified in the records provided. A recent lumbar spine X-ray report is also not specified in the records provided. The medical necessity of MRI of the lumbosacral spine is not fully established for this patient at this juncture.

Functional Capacity Evaluation of lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Fitness for Duty Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 137-138. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Fitness for Duty(updated 04/27/15)Functional capacity evaluation (FCE).

Decision rationale: Functional Capacity Evaluation of lumbar spine MTUS guidelines American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter:7 Independent Medical Examinations and Consultations, Page-137-138 NON-MTUS guidelines Official Disability Guidelines (ODG) Chapter: Fitness for Duty(updated 04/27/15) Functional capacity evaluation (FCE)Per the cited guidelines, "There is little scientific evidence confirming that FCEs predict an individual's actual capacity to perform in the workplace; it is problematic to rely solely upon the FCE results for determination of current work capability and restrictions." Per the cited guidelines above if a worker is actively participating in determining the suitability of a particular job, the FCE is more likely to be successful. A FCE is not as effective when the referral is less collaborative and more directive. It is important to provide as much detail as possible about the potential job to the assessor. Job specific FCEs are more

helpful than general assessments. The report should be accessible to all the return to work participants. Consider an FCE if 1. Case management is hampered by complex issues such as: Prior unsuccessful RTW attempts. Conflicting medical reporting on precautions and/or fitness for modified job. Injuries that require detailed exploration of a worker's abilities. 2. Timing is appropriate: Close or at MMI/all key medical reports secured. Additional/secondary conditions clarified. Do not proceed with an FCE if. The sole purpose is to determine a worker's effort or compliance. The worker has returned to work and an ergonomic assessment has not been arranged. Any complex issues that hampered case management or prior unsuccessful RTW attempts are not specified in the records provided. Any evidence of conflicting medical reporting on precautions and/or fitness for modified job or any injuries that require detailed exploration of a worker's abilities are not specified in the records provided. Response to conservative therapy including physical therapy visits and pharmacotherapy is not specified in the records provided. The medical necessity of Functional capacity evaluation of lumbar spine is not fully established for this patient at this juncture.

Neurosurgeon Specialist Consultation for the Lumbar spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 127.

Decision rationale: Request- Neurosurgeon Specialist Consultation for the Lumbar spine MTUS guidelines American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, Independent Medical Examinations and Consultations, page 127. Per the cited guidelines, "The occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise." Evidence that the diagnosis is uncertain or extremely complex is not specified in the records provided. A detailed examination of the lumbar spine with significant neurological deficits is not specified in the records provided. Response to previous conservative therapy is not specified in the records provided. The medical necessity of Neurosurgeon Specialist Consultation for the Lumbar spine is not fully established for this patient.