

Case Number:	CM15-0080790		
Date Assigned:	05/01/2015	Date of Injury:	12/07/2005
Decision Date:	06/09/2015	UR Denial Date:	03/24/2015
Priority:	Standard	Application Received:	04/27/2015

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: California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 65 year old female, who sustained an industrial injury on 12/7/2005. The current diagnoses are multi-level disc herniations of the cervical spine with severe stenosis, multi-level disc herniations of the lumbar spine most significant at L5-S1 with severe neural foraminal narrowing, lumbar radiculopathy, and degenerative disc disease of the cervical and lumbar spine. According to the progress report dated 2/24/2015, the injured worker complains of neck pain associated with pins and needles in the neck, stabbing pain in her head, and burning pain in her bilateral shoulders with radiation into her bilateral arms. She describes numbness into the bilateral hands. Additionally, she reports stabbing and burning pain in the low back with radiation into her bilateral lower extremities associated with weakness, right worse than left. The pain is rated 7/10 on a subjective pain scale. The current medications are Norco, Soma, Motrin, and Ativan. Treatment to date has included medication management, X-rays, MRI studies, physical therapy, TENS unit, cervical traction, chiropractic, acupuncture, and electrodiagnostic testing. The plan of care includes repeat MRI of the lumbar spine and ongoing follow-ups with treating physician for general orthopedic complaints.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ongoing Follow-Ups with Treating Physician for General Orthopedic Complaints: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chapter 8 Neck and Upper Back Complaints Page(s): 177, 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back/Office Visits.

Decision rationale: The MTUS Guidelines do not address office visits specifically for chronically injured workers. The MTUS Guidelines recommend frequent follow-up for the acutely injured worker when a release to modified, increased, or full activity is needed, or after appreciable healing or recovery can be expected, on average. Per the ODG, repeat office visits are determined to be medically necessary. Evaluation and management (E&M) outpatient visits to the offices of medical doctor(s) play a critical role in the proper diagnosis and return to function of an injured worker, and they should be encouraged. The need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medicines such as opiates, or medicines such as certain antibiotics, require close monitoring. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system through self care as soon as clinically feasible. This request is for an unknown number of ongoing follow-up visits with the treating physician, without specific treatment goals. The request for ongoing follow-ups with treating physician for general orthopedic complaints is determined to not be medically necessary.

Repeat MRI of Lumbar Spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 297, 303, 304, 309. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter/MRI (magnetic resonance imaging) section.

Decision rationale: The MTUS Guidelines do not recommend the routine use of MRI with low back complaints. MRI should be reserved for cases where there is physiologic evidence that tissue insult or nerve impairment exists, and the MRI is used to determine the specific cause. MRI is recommended if there is concern for spinal stenosis, cauda equine, tumor, infection or fracture is strongly suspected, and x-rays are negative. The ODG recommends repeat MRI when there is significant change in symptoms and/or findings suggestive of significant pathology (e.g., tumor, infection, fracture, neurocompression, recurrent disc herniation). In this case, there is no evidence of neurologic deficits. Additionally, there are no new symptoms since the injured workers previous MRI. The request for repeat MRI of lumbar spine is not determined to be medically necessary.

