

<b>Case Number:</b>	CM15-0086566		
<b>Date Assigned:</b>	05/08/2015	<b>Date of Injury:</b>	12/02/2013
<b>Decision Date:</b>	06/19/2015	<b>UR Denial Date:</b>	04/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/05/2015

### 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: Physical Medicine & Rehabilitation, Pain Management

### 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 45-year-old male, who sustained an industrial injury on 12/02/2013. He reported sustaining a fall off a truck with subsequent pain to the back. The injured worker was diagnosed as having mid back pain, low back pain status post fall, and paresthesias. Treatment to date has included physical therapy and computed tomography of the abdomen and pelvis. In a progress note dated 01/25/2014 the treating physician reports complaints of mid back and low back pain with right hand paresthesias. The treating physician also noted thoracic paraspinal muscle spasm along with tenderness to the right rhomboids muscles, intraspinal muscle, right lower thoracic joints, and upper lumbosacral facet joints. The treating physician requested a magnetic resonance imaging of the spinal cord and eight to twelve psychology visits, but the medical records provided did indicate the specific reasons for these requested treatments.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI Plain Spinal Cord:** Upheld

**Claims Administrator 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), Low Back Lumbar & Thoracic, Magnetic resonance imaging.

**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), Low Back Chapter, MRI Topic.

**Decision rationale:** Regarding the request for repeat MRI, ACOEM Practice Guidelines do not have specific guidelines on when a repeat study is warranted. In general, lumbar MRI is recommended when there are unequivocal objective findings that identify specific nerve compromise on the neurologic examination in patients who do not respond to treatment and would consider surgery an option. The Official Disability Guidelines state that repeat MRIs should be reserved for cases where a significant change on pathology has occurred. The patient has had thoracic spine MRI on 9/12/2014 and lumbar spine MRI on 6/9/2014. Within the documentation available for review, there is no identification of any objective findings that identify specific nerve compromise on the neurologic exam. Additionally, there is no statement indicating what medical decision-making will be based upon the outcome of the currently requested MRI. Furthermore, there is no documentation indicating how the patient's subjective complaints and objective findings have changed since the time of the most recent MRIs. In the absence of clarity regarding those issues, the currently requested repeat MRI of the spinal cord is not medically necessary.

**8-12 Psychology visits:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment, Behavioral Interventions.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Psychological evaluations Page(s): 100-102. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic Pain, Behavioral Interventions.

**Decision rationale:** Regarding the request for 8-12 psychological treatments, Chronic Pain Medical Treatment Guidelines state that psychological evaluations are recommended. Psychological evaluations are generally accepted, well-established diagnostic procedures not only with selected using pain problems, but also with more widespread use in chronic pain populations. Diagnostic evaluations should distinguish between conditions that are pre-existing, aggravated by the current injury, or work related. Psychosocial evaluations should determine if further psychosocial interventions are indicated. ODG states the behavioral interventions are recommended. Guidelines go on to state that an initial trial of 3 to 4 psychotherapy visits over 2 weeks may be indicated. With evidence of objective functional improvement, a total of up to 6 to 10 visits over 5 to 6 weeks may be required. Within the documentation available for review, there is no diagnosis of depression or anxiety that would warrant such treatment at this time. There is no mention of what medical treatments have been tried and failed, or whether the patient has had any initial diagnostic evaluation by a psychiatrist. In the absence of clarity regarding those issues, the currently requested psychological treatment is not medically necessary.