

Case Number:	CM15-0087149		
Date Assigned:	05/11/2015	Date of Injury:	06/16/2011
Decision Date:	06/10/2015	UR Denial Date:	04/20/2015
Priority:	Standard	Application Received:	05/06/2015

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

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 52 year old female, who sustained an industrial injury on 06/16/2011. According to an office visit dated 03/19/2015, the injured worker complained of constant severe pain in the midline of the low back with burning, stabbing and pins and needles. Pain was rated 10 on a scale of 1-10. She had radiation of pain, cramps, numbness and tingling into her mid back area. Her muscles occasionally quivered. Pain radiated to her hips. She reported intermittent neck and right upper extremity pain that could reach a pain level of 8-9. Physical examination demonstrated abnormal heel to toe walk, tenderness to palpation of the thoracic and lumbar spine, decreased thoracic and lumbar range of motion, decreased sensation of the L3 and L4 dermatomes and increased at the L5 and S1 dermatomes, decreased lower extremity strength, hyperreflexic reflexes, negative Hoffmann's, positive straight leg raise bilaterally at 60 degrees with pain to the heels, positive Lasegue maneuver and positive slump test bilaterally. Diagnoses included rule out thoracic herniated nucleus pulposus, lumbar herniated nucleus pulposus and lumbar radiculopathy. Treatment to date has included electromyography, x-rays of the lumbar spine, left hip and pelvis, right femur and right tibia and fibula, MRI of the lumbosacral plexus and lumbar spine, acupuncture, physical therapy, 3-4 lumbar epidural steroid injections and medications. Medications tried included Advil, Tylenol and Aleve. Treatment plan included ongoing follow-ups to evaluate bilateral hips, MRI of the lumbar spine, psychological evaluation and medications which included APAP with Codeine, Cyclobenzaprine and Gabapentin. The injured worker was temporarily partially disabled x 6 weeks. Currently under review is the

request for unknown orthopedic follow-ups, 1 MRI of the thoracic spine and 1 MRI of the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Unknown orthopedic follow-ups: 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), Hip & Pelvis (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): Chapter 7- Independent Medical Examinations and Consultations, page 127.

Decision rationale: Guidelines state office visits and follow-ups are determined to be medically necessary and play a critical role in the proper diagnosis and treatment based on the patient's concerns, signs and symptoms, clinical stability along with monitoring of medications including opiates. Determination of necessity requires individualized case review and assessment with focus on return to function of the injured worker. Submitted reports have not adequately demonstrated acute symptoms or red flag conditions and clinical findings to allow for continued arbitrary follow-up intervention and care and future care with multiple visits cannot be predetermined, as assessment should be made according to presentation and clinical appropriateness. The patient continues to treat for chronic symptoms without any acute flare, new injury, or progressive deterioration to predict future outcome; undetermined quantity of follow-up visits is not medically indicated for this chronic injury. The Unknown orthopedic follow-ups is not medically necessary and appropriate.

1 MRI of the thoracic spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-8.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): Chapter 12, pages 303-304.

Decision rationale: ACOEM Treatment Guidelines for the Upper/Lower Back Disorders, under Special Studies and Diagnostic and Treatment Considerations, states Criteria for ordering imaging studies include Emergence of a red flag; Physiologic evidence of tissue insult or neurologic dysfunction; Failure to progress in a strengthening program intended to avoid surgery; Clarification of the anatomy prior to an invasive procedure. Physiologic evidence may be in the form of definitive neurologic findings on physical examination and electrodiagnostic studies. Unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist; however, review of submitted medical reports have not adequately demonstrated the indication for this MRI nor document any failed conservative trial with medications and therapy. The patient has

chronic symptom complaints with diffuse neurological findings without acute flare, new injury, or progressive change to support for the diagnostic study. The 1 MRI of the thoracic spine is not medically necessary and appropriate.

1 MRI of the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): Chapter 12, pages 303-304.

Decision rationale: ACOEM Treatment Guidelines for the Lower Back Disorders, under Special Studies and Diagnostic and Treatment Considerations, states Criteria for ordering imaging studies include Emergence of a red flag; Physiologic evidence of tissue insult or neurologic dysfunction; Failure to progress in a strengthening program intended to avoid surgery; Clarification of the anatomy prior to an invasive procedure, not demonstrated here. Physiologic evidence may be in the form of definitive neurologic findings on physical examination and electrodiagnostic studies. Unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist; however, review of submitted medical reports for this chronic injury have not adequately demonstrated the indication for repeating the MRI of the Lumbar spine without any specific changed clinical findings, neurological deficits of red-flag conditions, or progressive deterioration to support this imaging study. When the neurologic examination is less clear, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. The 1 MRI of the lumbar spine is not medically necessary and appropriate.