

Case Number:	CM15-0089236		
Date Assigned:	05/13/2015	Date of Injury:	09/09/2003
Decision Date:	06/26/2015	UR Denial Date:	05/01/2015
Priority:	Standard	Application Received:	05/08/2015

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 53-year-old male who sustained an industrial injury on 09/09/2003. Current diagnoses include umbilical hernia, lumbar spine radiculopathy, and chronic anxiety and depression. Previous treatments included medication management, epidural injections, hernia repair, and home exercise program. Previous diagnostic studies include testicular ultrasound. Report dated 04/20/2015 noted that the injured worker presented with complaints that included low back pain that radiates to the left foot with numbness, and right and left testicular pain. Pain level was 9-10 out of 10 on a visual analog scale (VAS). Physical examination was positive for tenderness to palpation in the lumbar spine, and restricted range of motion. The treatment plan included obtaining urologist report, continues medications per PCP, follows up with primary treating physician, and injured worker still needs to see urologist. Disputed treatments include consultation on x-ray examination made elsewhere, special reports such as insurance forms, and analysis of clinical data stored in computers.

IMR ISSUES, DECISIONS AND RATIONALES

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

Consultation on x-ray examination made elsewhere: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304, Table 12-8, 309.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back Chapter, Radiography.

Decision rationale: Based on the 03/13/15 progress report provided by treating physician, the patient presents with low back pain that radiates to the bilateral lower extremities. The request is for CONSULTATION ON X-RAY MADE ELSEWHERE. RFA not provided. Patient's diagnosis on 01/23/15 and 03/13/15 included lumbar radiculopathy, lumbar spasms, and lumbar discogenic disease. Per 04/14/14 report, lumbar spine MRI from 2013 "showed positive results for herniated discs." Patient is status post lumbar spine epidural steroid injection, per 11/21/14 operative report. Treatment to date has included hernia repair, diagnostic studies, medications and home exercise program. Per 04/14/14 report, medications included Omeprazole, Vicodin, Relafen, Zanaflex, Docuprene and Gabapentin. Patient's work status not available. Treatment reports were provided from 04/23/13 - 04/20/15. ACOEM Chapter 12, Low Back, pages 303-305: "Special Studies and Diagnostic and Treatment Considerations Lumbar spine x-rays should not be recommended in patients with low back pain in the absence of red flags for serious spinal pathology, even if the pain has persisted for at least six weeks." For special diagnostics, ACOEM Guidelines page 303 states "unequivocal objective findings that identify specific nerve compromise on the neurological examination is sufficient evidence to warrant imaging in patients who do not respond well to treatment and who would consider surgery as an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study." ODG-TWC, Low back Chapter under Radiography states: "Lumbar spine radiography should not be recommended in patients with low back pain in the absence of red flags for serious spinal pathology, even if the pain has persisted for at least 6 weeks." Treater has not provided medical rationale for the request. Based on request, patient had prior lumbar X-ray done. Physical examination to the lumbar spine on 04/20/15 revealed tenderness to palpation to paravertebral muscles. Range of motion was decreased, especially on extension 10 degrees. Guidelines state that lumbar spine radiography is not recommended in patients with low back pain in the absence of red flags for serious spinal pathology. There are no discussions of potential fractures, either. Given the lack of clinical findings and neurologic deficits, lumbar spine radiography would not be indicated by guidelines. In addition, the request appears to be for a re-read of X-rays obtained elsewhere. However, X-rays typically come with a radiology report and without a dispute regarding radiology interpretation, re-read is not routinely required. The request IS NOT medically necessary.

Special reports such as insurance forms: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines evaluation of progress Page(s): 8.

Decision rationale: Based on the 03/13/15 progress report provided by treating physician, the patient presents with low back pain that radiates to the bilateral lower extremities. The request is for SPECIAL REPORTS SUCH AS INSURANCE FORMS. RFA not provided. Patient's diagnosis on 01/23/15 and 03/13/15 included lumbar radiculopathy, lumbar spasms, and lumbar discogenic disease. Physical examination to the lumbar spine on 04/20/15 revealed tenderness to palpation to paravertebral muscles. Range of motion was decreased, especially on extension 10 degrees. Per 04/14/14 report, lumbar spine MRI from 2013 "showed positive results for herniated discs." Patient is status post lumbar spine epidural steroid injection, per 11/21/14 operative report. Treatment to date has included hernia repair, diagnostic studies, medications and home exercise program. Per 04/14/14 report, medications included Omeprazole, Vicodin, Relafen, Zanaflex, Docuprene and Gabapentin. Patient's work status not available. Treatment reports were provided from 04/23/13 - 04/20/15. MTUS page 8 require physician monitoring of the patient's progress. In this case, the treater has not provided what is meant by the "special reports." None of the progress reports discusses the request. A specific guideline cannot be cited because the requested service was not described in sufficient detail. In order to select the relevant guideline, the requested service must refer to a specific treatment. The medical necessity for the request cannot be determined and therefore, IS NOT medically necessary.

Analysis of clinical data stored in computers: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines evaluation of progress Page(s): 8.

Decision rationale: Based on the 03/13/15 progress report provided by treating physician, the patient presents with low back pain that radiates to the bilateral lower extremities. The request is for ANALYSYS OF CLINICAL DATA STORED IN COMPUTERS. RFA not provided. Patient's diagnosis on 01/23/15 and 03/13/15 included lumbar radiculopathy, lumbar spasms, and lumbar discogenic disease. Physical examination to the lumbar spine on 04/20/15 revealed tenderness to palpation to paravertebral muscles. Range of motion was decreased, especially on extension 10 degrees. Per 04/14/14 report, lumbar spine MRI from 2013 "showed positive results for herniated discs." Patient is status post lumbar spine epidural steroid injection, per 11/21/14 operative report. Treatment to date has included hernia repair, diagnostic studies, medications and home exercise program. Per 04/14/14 report, medications included Omeprazole, Vicodin, Relafen, Zanaflex, Docuprene and Gabapentin. Patient's work status not available. Treatment reports were provided from 04/23/13 - 04/20/15. MTUS page 8 require that the treating physician provide monitoring of the patient's progress. In this case, the treater has not discussed what analysis of what data is needed. None of the reports describes or provides rationale for the request. If the request is in reference to medical records review, this is part of what occurs during an office visitation and does not require separate billing or service. The request IS NOT medically necessary.