

Case Number:	CM14-0140761		
Date Assigned:	09/10/2014	Date of Injury:	11/04/2004
Decision Date:	10/10/2014	UR Denial Date:	08/01/2014
Priority:	Standard	Application Received:	08/29/2014

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 68-year-old male patient had a date of injury on 11/4/2004. In the progress noted dated 6/29/2014, subjective findings included persistent significant back pain. On a good day the patient's back pain was noted to be 3-4/10 vs. a 10/10 on bad days. The pain was noted to continue in the right leg. Exam findings revealed a straight leg raise of the right leg was negative but resulted in significant pain into the lower back. The neurological examination revealed normal sensation and normal reflexes. Examination findings did not include motor strength. The diagnostic impression was intervertebral disc degeneration, and rheumatoid arthritis. 1/2013 L-Spine MRI report: severe scoliosis with diffuse intervertebral degenerative changes, facet arthritis and annular tears at multiple levels with foraminal narrowing and mild central stenosis with degenerative disc disease. Treatment to date: medication therapy, behavioral modification. A UR decision dated 8/1/2014 denied the request for an MRI given that the MRI report from 1/2013 demonstrated clear findings, and there were no neurological signs indicating a regression of the patient's condition within the past year.

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 (ODG) Low Back

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 303-304. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) low back chapter MRI

Decision rationale: CA MTUS supports imaging of the lumbar spine in patients with red flag diagnoses where plain film radiographs are negative; unequivocal objective findings that identify specific nerve compromise on the neurologic examination, failure to respond to treatment, and consideration for surgery. The MRI report from 1/2013 demonstrated severe scoliosis with diffuse intervertebral degenerative changes, facet arthritis and annular tears at multiple levels with foraminal narrowing and mild central stenosis with degenerative disc disease. On an exam dated 4/3/2014 the patient demonstrated abnormal ankle jerk reflexes, however the 6/29/2014 exam did not show any neurological deficits. There were no plain films in the documentation provided. In addition, there was no clear rationale for obtaining a repeat MRI in the documentation provided. Therefore, the request for an MRI for lumbar spine was not medically necessary.

Follow-up: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter

Decision rationale: CA MTUS does not address this issue. ODG states that 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, to monitor the patient's progress, and make any necessary modifications to the treatment plan. In a progress report dated 6/29/2014, it was noted that the patient continues to experience chronic pain, and is under ongoing pain management, which requires ongoing visits to this patient's health care provider. The patient is on medications. In addition, other modes of pain management such as physical therapy and a transcutaneous electrical nerve stimulation (TENS) unit were recommended. Therefore, the request for follow up is medically necessary.