MAXIMUS Federal Services

Case Number:	CM14-0149008		
Date Assigned:	09/18/2014	Date of Injury:	06/01/2012
Decision Date:	11/14/2014	UR Denial Date:	09/04/2014
Priority:	Standard	Application Received:	09/12/2014

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 Family Medicine and is licensed to practice in New Jersey. 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:

The worker is a 48 year old male who was injured on 6/1/2012. He was diagnosed with lumbar sprain/strain, cervical degenerative disc disease, left rotator cuff tendinosis, contusion left ribs, bilateral elbow sprain, contusion bilateral elbows, lumbar degenerative disc disease, left wrist sprain, tear of the scapholunate ligamentous complex left wrist. He was treated with cortisone injections, surgery (cervical spine, lumbar spine), and medications (including opioids, muscle relaxants). The worker was scheduled for low back surgery on 7/28/2014.The worker also had a cardiovascular preoperative screening but did not clear for surgery due to his cardiomyopathy as well as left ventricular heart failure. On 7/14/14, the worker was seen by his primary treating physician complaining of severe pain in the cervical spine associated with headaches and radiating to right shoulder. He also complained of right shoulder pain and lumbar spine pain all of which has not changed since his last appointment. He also reported taking Vicodin, Soma, and testosterone (no note details included explaining his testosterone use). Physical findings included tenderness of the left wrist, tenderness of the lumbar spine with decreased range of motion and muscle spasm, positive straight leg raise, and decreased sensation of L4 and L5 dermatomes on the left. As previously requested, the requesting physician repeated a request for a lumbar GAD MRI, a referral to an internal medicine doctor to "assess the continued need for testosterone, as well as to assess the patient for the GI issues that he is experiencing secondary to long-term medication usage", and a referral for a psychological evaluation to address his anxiety and depression.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI GAD (Gadolinium) Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 296-310. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back section, MRI

Decision rationale: MTUS Guidelines for diagnostic considerations related to lower back pain or injury require that for MRI to be warranted there needs to be unequivocal objective clinical findings that identify specific nerve compromise on the neurological examination (such as sciatica) in situations where red flag diagnoses (cauda equina, infection, fracture, tumor, dissecting/ruptured aneurysm, etc.) are being considered, and only in those patients who would consider surgery as an option. In some situations where the patient has had prior surgery on the back, MRI may also be considered. The MTUS also states that if the straight-leg-raising test on examination is positive (if done correctly) it can be helpful at identifying irritation of lumbar nerve roots, but is subjective and can be confusing when the patient is having generalized pain that is increased by raising the leg. The Official Disability Guidelines (ODG) state that for uncomplicated low back pain with radiculopathy MRI is not recommended until after at least one month of conservative therapy and sooner if severe or progressive neurologic deficit is present. The ODG also states that repeat MRI should not be routinely recommended, and should only be reserved for significant changes in symptoms and/or findings suggestive of significant pathology. In the case of this worker, the request for MRI appeared to be related to him planning on surgical intervention of the lumbar spine. However, due to him not passing cardiac clearance, MRI does not seem medically necessary. Also, there were no more recent identifying signs or symptoms that suggested he was having a significant acute worsening of his symptoms that might warrant repeat MRI testing. Therefore, the MRI is not medically necessary.

Internal Medicine Referral: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), page 127

Decision rationale: The MTUS/ACOEM Guidelines state that referral to a specialist(s) may be warranted if a diagnosis is uncertain, or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise in assessing therapeutic management, determination of medical stability, and permanent residual loss and/or examinee's fitness for return to work, and suggests that an independent assessment from a consultant may be useful in analyzing causation or when prognosis, degree of impairment, or work capacity requires clarification. In the case of this worker, he was referred to an internal medicine doctor for the purpose of addressing his testosterone use and gastrointestinal symptoms

related to his medication use. It is unclear as to why the worker was taking the testosterone and how it is connected to his injury. Also, addressing his gastrointestinal symptoms alone does not seem to be enough reason for a referral if it is already known that it is related to his medication use. No other explanation or reasoning for the referral was included in the notes available for review such as intending to refer for a particular procedure skill or treatment that is specific to internal medicine, or needing help diagnosing. Therefore, the internal medicine referral is not medically necessary.