

Case Number:	CM14-0160576		
Date Assigned:	10/06/2014	Date of Injury:	09/01/2009
Decision Date:	10/31/2014	UR Denial Date:	09/29/2014
Priority:	Standard	Application Received:	09/30/2014

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 Illinois. 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 injured worker is a 63 year old male with a date of injury on 9/1/2009. He had reached up to connect the volleyball net to a pole and felt a pop in his back. Since then, he has had low back pain progressing to his left buttock, thigh and leg. He was treated with medications, chiropractic manipulation, physical therapy, acupuncture and there is mention of an injection. He has also had a C4-C6 fusion discectomy. Magnetic resonance imaging of the lumbar spine in April 2014 showed significant disc bulges with several para central disc protrusions or multilevel degenerative disc disease. He states he has increasing lower back pain with increasing left lower extremity radiation and left heel drop. His physical exam is negative except for decreased lumbar spine range of motion and a "positive Babinski" in September 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, MRI

Decision rationale: Per the American College of Environmental and Occupational Medicine guidelines, magnetic resonance imaging of the lumbar spine is indicated for lumbar disk protrusion, cauda equina syndrome, spinal stenosis, and post-laminectomy syndrome. It is also the test of choice in individuals with prior back surgery. This injured worker had magnetic resonance imaging done 6 months ago which showed the pathology that could be responsible for his ongoing and worsening symptoms. There is no indication for a repeat study. This determination is also supported by the Official Disability Guidelines. Therefore, the request for magnetic resonance imaging of the lumbar spine is not medically necessary.

EMG/NCS of the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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

Decision rationale: Per the American College of Environmental and Occupational Medicine guidelines, nerve conduction studies are not recommended for the lumbar spine. Electromyography (EMG), including H-reflex tests, are recommended to identify subtle, focal neurologic dysfunction in injured workers with low back symptoms lasting more than three or four weeks. This injured worker has radiographically shown pathology and symptomatic low back pain with radiculitis. This does not meet the criteria of subtle, focal neurologic dysfunction. Therefore, this request is not medically necessary.

Consultation with a spinal orthopedist: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Office Visits

Decision rationale: Per the American College of Environmental and Occupational Medicine guidelines, primary care or occupational physicians can effectively manage acute and subacute problems conservatively in the absence of red flags. However, Official Disability Guidelines support orthopedic follow-up visits when the injured worker is actively being treated. This worker is being treated for low back pain with radiculitis. Official Disability Guidelines support orthopedic follow-up visits when the injured worker is actively being treated. Therefore the request is medically necessary.

Consultation with a pain management specialist: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Office Visits

Decision rationale: Per the American College of Environmental and Occupational Medicine guidelines, primary care or occupational physicians can effectively manage acute and subacute problems conservatively in the absence of red flags. However, Official Disability Guidelines support orthopedic follow-up visits when the injured worker is actively being treated. This injured worker is being treated for low back pain with radiculitis and the orthopedic consultation should be able to address pain management. Medical necessity for multiple consultations has not been shown. Therefore, this request is not medically necessary.