

Case Number:	CM14-0173247		
Date Assigned:	10/24/2014	Date of Injury:	10/12/2007
Decision Date:	12/03/2014	UR Denial Date:	09/22/2014
Priority:	Standard	Application Received:	10/20/2014

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 Pain 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:

The injured worker is a 35-year-old female who sustained an injury on 10/12/07. As per the report of 06/19/14, she complained of continued back pain. She rated her pain level at 7/10. On exam, examination reveals L3-S1 with pain and limited range of motion. Current medications include Abilify, Lexapro, Norco, Savella, and tizanidine. Past treatments, as per the report of 01/15/15, she had physical therapy. Diagnoses include MLS lumbar strain. (The actual objective interpretation of current medications, diagnostic imaging, and other therapies were not documented in the clinical records submitted with this request). The request for MRI of the Lumbar Spine and Pain Specialist referral were denied on 09/22/14.

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: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back - MRI s (Magnetic Resonance Imaging)

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

Decision rationale: According to the ODG, MRI is recommended in: Lumbar spine trauma with neurological deficits, or with seat belt fracture (if focal, radicular findings or other neurologic deficits); uncomplicated low back pain with suspicion of cancer, infection or other red flags; uncomplicated low back pain with radiculopathy after at least 1 month conservative therapy or sooner if severe progressive neurologic deficit; uncomplicated low back pain with prior lumbar surgery; uncomplicated low back pain with cauda equina syndrome; Myelopathy. In this case, the medical records do not document the above criteria are met. There is no documentation of at least one month conservative treatment (i.e. PT progress notes are available for review). There is no evidence of any red flag signs, history of past or plan for lumbar surgery, history of trauma, progressive neurological deficits or cauda equina syndrome. Therefore, the medical necessity of the MRI cannot be established per guidelines.

Pain Specialist Referral: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs (functional restoration programs).

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) Independent Medical Examiner and Consultation

Decision rationale: As per CA MTUS/ACOEM guidelines, "the occupational health practitioner may refer to other specialists 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." Further guidelines indicate consultation is recommended to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work." In this case, there is no mention of any specific reason for the requested referral. There is no documentation of any need for medication managements. The medical records do not show that any pain mangement intervention is indicated. Therefore, the request for Pain Specialist Referral is considered not medically necessary per guidelines.