MAXIMUS Federal Services

Case Number:	CM14-0210153		
Date Assigned:	12/23/2014	Date of Injury:	09/07/2014
Decision Date:	02/19/2015	UR Denial Date:	11/14/2014
Priority:	Standard	Application Received:	12/15/2014

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. 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 & Rehabn

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 patient is a 36-year-old female with a date of injury of 09/07/2014. According to progress report dated 10/09/2014, the patient presents with constant pain in the low back with radiation of pain into the left leg. The patient reports numbness and tingling in the left leg and swelling in the foot. The pain is rated as 10/10 on a pain scale. The patient also reports neck pain that radiates into the left arm and hand with numbness and tingling in the left hand. Neck pain was rated as 7/10 on a pain scale. According to this report, the patient sustained injuries when a patient fell on her and was subsequently taken to the emergency room on 09/07/2014. The patient underwent x-rays which were taken of the lower back which revealed normal findings. A CT scan was also performed in the lower back which revealed also normal findings. Medications were prescribed, injections were administered, and patient was discharged. It was noted the patient was reevaluated on 09/24/2014 with complaints of severe low back pain. An MRI of the lower back was ordered, "but not performed." The patient is currently not working. The patient is currently taking the medication, Norco and Soma. Physical examination of the neck revealed no tenderness or spasm at the neck and the patient is able to move her neck with ease. Examination of the left arm revealed active range of motion. Examination of the elbow revealed patient had difficulty leaning forward, but able to lean forward into a wheelchair with moderate tenderness and spasm noted. There was tenderness noted at approximately T9 and T8 level extending distal to just above the buttock crease, and tenderness and spasm radiating equally out both flanks. Reflexes were attempted. However, patient reported severe pain in the mid low back region and any further formal attempts at checking the reflexes were held off. The

treating physician recommends MRI testing to be provided for the thoracic spine and lumbar spine, medications including Duragesic patch, Norco 10/325, and baclofen. The recommendation was also made for a psychologist. The Utilization Review denied the request on 11/14/2014. Treatment reports from 09/02/2014 through 10/04/2014 were provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the thoracic spine 1.5 telsa scanner or greater: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177 and 178. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) low back and thoracic chapter, MRIs

Decision rationale: This patient sustained injury to the back when a patient fell on her on 09/07/2014. The patient was evaluated at the emergency room and x-rays and CT scans were performed of the low back which revealed "normal findings." This is a request for MRI of the thoracic spine 1.5 Tesla scanner or greater. ACOEM Guidelines page 177 and 178 has the following criteria for ordering images: "emergence of red flags, physiologic evidence of tissue insult, or neurologic dysfunction; failing to progress strengthening program intended to avoid surgery; and clarification of anatomy prior to an invasive procedure." The ODG Guidelines under the low back and thoracic chapter has the following regarding MRIs, "recommended for indications below. MRIs are test of choice for patients with prior back surgery, but for uncomplicated low back pain with radiculopathy, not recommended until at least 1 month conservative therapy, sooner if there is severe or progressive neurological deficit." In this case, the patient has a date of injury of 09/07/2014 and there is no indication of at least 1 month of conservative therapy and there is no documentation of progressive neurological deficits. The requested MRI of the thoracic spine is not medically necessary.

MRI of the lumbar spine 1.5 telsa scanner or greater: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines

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

Decision rationale: This patient sustained injury to the back when a patient fell on her on 09/07/2014. The patient was evaluated at the emergency room and x-rays and CT scans were performed of the low back which revealed "normal findings." The current request is for MRI of the lumbar spine 1.5 Tesla scanner or greater. For MRI of the lumbar spine, the ACOEM

Guidelines page 303 states "unequivocal objective findings that identifies specific nerve compromise on the neurological examination is sufficient evidence to warrant imaging in patients who do not respond well to treatment and who will consider surgery as an option. When the neurological examination is less clear, however, further physiologic evidence of dysfunction should be obtained before ordering an imaging study." ODG under its low back chapter recommends obtaining an MRI for uncomplicated low back pain with radiculopathy after 1 month of conservative therapy, sooner if there is severe or progressive neurological deficit. In this case, the patient had a recent CT scan and x-ray of the lumbar spine which revealed normal findings. In addition, the patient has a date of injury of 09/07/2014 and there is no documentation of 1 month conservative therapy. The requested MRI of the lumbar spine is not medically necessary.

Consultation with psychologist: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 398. 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) Chapter 7 Independent Medical Examinations and Consultations, page 127

Decision rationale: This patient sustained injury to the back when a patient fell on her on 09/07/2014. The patient was evaluated at the emergency room and x-rays and CT scans were performed of the low back which revealed "normal findings." The current request is for consultation with a psychologist. American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) ACOEM guidelines, chapter 7, page 127 state that 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. A referral may be for consultation 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. There is no indication of psychological issues and there is no discussion as to why a psychological consultation is necessary. The requested consult is not medically necessary.