

<b>Case Number:</b>	CM15-0012658		
<b>Date Assigned:</b>	01/30/2015	<b>Date of Injury:</b>	02/09/2007
<b>Decision Date:</b>	03/26/2015	<b>UR Denial Date:</b>	01/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/21/2015

### 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 & Rehabilitation

### 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 64 year old female who sustained an industrial related injury on 2/9/07. The injured worker had complaints of back and left leg pain. Treatment included aqua therapy, a home exercise program, pain psychology sessions, use of a low back brace, and use of a cane. Medications included Norco, Ultracet, Pamelor, Norflex ER, and Ketoprofem cream. An electromyogram was noted to reveal evidence of left L4 radiculopathy. A computed tomography scan obtained on 8/26/14 was noted to have revealed L5-S1 degenerative disc disease and facet arthropathy, L4-5 canal stenosis, neural foraminal narrowing at L1-2, L2-3, L3-4, and L4-5. Fusion appeared solid from L2-S1 but decreased fusion mass in multiple areas was noted. Diagnoses included degeneration of lumbar disc and lumbar herniated disc. The treating physician requested authorization for a MRI of the lumbar spine, ongoing pain management follow-ups, ongoing general orthopedic follow-ups, ongoing psych follow-ups, and follow-up. On 1/8/15 the requests were non-certified. Regarding a MRI, the utilization review (UR) physician cited the Medical Treatment Utilization Schedule (MTUS) guidelines and noted the guidelines do not support MRI imaging in the absence of objective radiculopathy. Regarding pain management follow-ups, the UR physician cited the MTUS guidelines and noted until a pain management evaluation report is reviewed it is not possible to determine ongoing follow-up visits. Regarding general orthopedic follow-ups, the UR physician cited the MTUS guidelines and noted there is no indication in the current report that other orthopedic complaints existed besides the injured worker's knee that needed to be evaluated. Regarding psych follow-ups, the UR physician cited the MTUS guidelines and noted until a report was received for review that

discussed response to previous treatment, the number of previous treatments, and a treatment plan the request is non-certified. Regarding follow-ups, the UR physician cited the MTUS guidelines and noted there was no rationale provided for why this patient would require follow-up every 6 weeks. 1 six week follow up appointment was certified only.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **MRI (Magnetic Resonance Imaging) of the lumbar spine: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - ([http://www.odg-twc.com/odgtwc/low\\_back.htm#MRIs](http://www.odg-twc.com/odgtwc/low_back.htm#MRIs))

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines low back chapter; Magnetic resonance imaging

**Decision rationale:** According to the 01/07/2015 report, this patient presents with ongoing back and left leg complaints and the symptoms have remained persistent and unchanged. The current request is for MRI of the lumbar spine. In reviewing the provided reports, the treating physician states that the patient last MRI is outdated from an interventional perspective, therefore, please consider this a formal request for an updated MRI of the lumbar spine. The patient's work status is Permanent and stationary. Regarding repeat MRI study, ODG states is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (eg, tumor, infection, fracture, neurocompression, recurrent disc herniation). In this case, the provided reports show no progression of neurologic deficit and no new injury. The request for a repeat MRI of lumbar spine is not supported by the ODG guidelines. The current request IS NOT medically necessary.

#### **Ongoing pain management follow ups: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004), Independent medical examination and consultations. Ch:7 page 127

**Decision rationale:** According to the 01/07/2015 report, this patient presents with ongoing back and left leg complaints and the symptoms have remained persistent and unchanged. The current request is for Ongoing Pain management follow ups. The 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. In this case, the patient has been suffering from chronic pain for over 8 years and Pain management follow up visit is quite reasonable and is supported by the MTUS. However, the request is for ongoing Pain management follow ups without defining the duration of the request. MTUS page 8 requires that the treater provide monitoring of the patient's progress and make appropriate suggestions. Therefore, the current request IS NOT medically necessary.

**Ongoing general orthopedic follow ups:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004), Independent medical examination and consultations. Ch:7 page 127

**Decision rationale:** According to the 01/07/2015 report, this patient presents with ongoing back and left leg complaints and the symptoms have remained persistent and unchanged. The current request is for Ongoing general orthopedic follow ups. The 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. In this case, the patient has been suffering from chronic pain for over 8 years and an orthopedic follow up visits quite reasonable and is supported by the MTUS. However, the request is for ongoing orthopedic follow ups without defining the duration of the request. MTUS page 8 requires that the treater provide monitoring of the patient's progress and make appropriate suggestions. Therefore, the current request IS NOT medically necessary.

**Ongoing psychiatric follow ups:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004), Independent medical examination and consultations. Ch:7 page 127

**Decision rationale:** According to the 01/07/2015 report, this patient presents with ongoing back and left leg complaints and the symptoms have remained persistent and unchanged. The current request is for Ongoing Psychiatric follow ups. The 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. In this case, the treating physician indicates that the psychology follow-ups with [REDACTED] are helping. However, the request is for Ongoing Psychiatric follow ups without defining the duration of the request. MTUS page 8 requires that the treater provide monitoring of the patient's progress and make appropriate suggestions. Therefore, the current request IS NOT medically necessary.