

Case Number:	CM15-0115440		
Date Assigned:	06/23/2015	Date of Injury:	09/22/2009
Decision Date:	07/29/2015	UR Denial Date:	05/22/2015
Priority:	Standard	Application Received:	06/16/2015

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, Hawaii

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 59-year-old female who sustained an industrial injury on 9/22/09. Diagnoses include sciatica and spinal stenosis. In a progress report dated 5/7/14, the treating physician notes the injured worker complains of left leg pain/sciatica. The plan of action is listed as Zanaflex and MS Contin. In a progress report dated 4/22/15, the physician notes complaints of numbness in both hands, weakness in legs, and difficulty standing. She walks with a walker and has complained of pain since 2010. Muscles are weak and she has pain on ambulation. She has chronic back pain. The treatment plan is to suggest MRI, orthopedic evaluation and possibly a neurosurgery consult, and refill medications. The work status is noted to be permanent and stationary, disabled until 6/1/15. The requested treatment is a neurosurgeon consultation, MRI- unspecified, and medication -unspecified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neurosurgeon consultation Qty: 1.00: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303, 304.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, Chapter 7, Pg. 127.

Decision rationale: The patient presents with diagnoses that include sciatica and spinal stenosis. The patient currently complains of constant lower back and neck pain along with left leg pain/sciatica, numbness in both hands, weakness in legs and difficulty standing. Muscles are weak and she has pain with ambulation and is aided by the use of a walker. The work status is noted to be permanent and stationary disabled until 6/1/15. The current request is for Neurosurgeon consultation Qty: 1.00. The treating physician states in the treating report dated 4/25/15 (36B), "suggest MRI, needs ortho eval & possibly neurosurgery, refill meds." There is no documentation of a change in the patient's condition or any rationale provided as to why additional consultations are required for this patient. The ACOEM guidelines indicate that a referral to a specialist is 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. The treating physician has asked for a neurosurgeon consultation to address this patient's medical condition. Chronic pain is rather complex and can be quite challenging. Although the treating physician's documentation is sparse at best, the physician feels that additional expertise is required. The current request is medically necessary.

MRI (body part unspecified) Qty: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 182.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

Decision rationale: The patient presents with diagnoses that include sciatica and spinal stenosis. The patient currently complains of constant lower back and neck pain along with left leg pain/sciatica, numbness in both hands, weakness in legs and difficulty standing. Muscles are weak and she has pain with ambulation and is aided by the use of a walker. The work status is noted to be permanent and stationary disabled until 6/1/15. The current request is for MRI (body part unspecified) Qty: 1.0. The treating physician states in the treating report dated 4/25/15 (36B), "suggest MRI, needs ortho eval & possibly neurosurgery, refill meds." ACOEM Guidelines state, "lumbar spine x rays should not be recommended in patients with low back pain in the absence of red flags for serious spinal pathology, even if the pain has persisted for at least six weeks. However, it may be appropriate when the physician believes it would aid in patient management. Unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study." In this case, the limited clinical history provided fails to document what body part the treating physician feels warrants an MRI. The medical necessity of an imaging study cannot be found unless the treating/requesting physician specifies the body part to be imaged, and provides sufficient documentation of medical necessity consistent with evidence-based, nationally recognized, peer-reviewed treatment guidelines in support of it. The current request is not medically necessary.

Medications (type, strength, and quantity unspecified), Qty: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178, 182.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Mgmt Page(s): 7.

Decision rationale: The patient presents with diagnoses that include sciatica and spinal stenosis. The patient currently complains of constant lower back and neck pain along with left leg pain/sciatica, numbness in both hands, weakness in legs and difficulty standing. Muscles are weak and she has pain with ambulation and is aided by the use of a walker. The work status is noted to be permanent and stationary disabled until 6/1/15. The current request is for Medications (type, strength and quantity unspecified), Qty: 1.00. The treating physician states in the treating report dated 4/25/15 (36B), "suggest MRI, needs ortho eval & possibly neurosurgery, refill meds." MTUS Guidelines state, "Using medications in the treatment of pain requires a thorough understanding of the mechanism underlying the pain as well as to identify comorbidities that might predict an adverse outcome." As stated on page 47 of the ACOEM Practice Guidelines, "consideration of comorbid conditions, side effects, cost, and efficacy of medication versus physical methods and provider and patient preferences should guide the physician's choice of recommendations." Choice of pharmacotherapy must be based on the type of pain to be treated and there may be more than one pain mechanism involved. The physician should tailor medications and dosages to the individual taking into consideration patient-specific variables such as comorbidities, other medications, and allergies. The physician should be knowledgeable regarding prescribing information and adjust the dosing to the individual patient." The medical necessity for any medication cannot be determined without documentation of the name, strength (dose), frequency and quantity of the requested or proposed medication. In this case, the limited clinical history provided did not provide such documentation in that we do not even know what medication(s) the physician has requested. On a positive note, there is no specific medication that will be denied for 12 months. There is insufficient documentation upon which to make a determination of medical necessity for this request. The current request is not medically necessary.