MAXIMUS Federal Services

Case Number:	CM15-0175310		
Date Assigned:	09/16/2015	Date of Injury:	03/13/2006
Decision Date:	10/22/2015	UR Denial Date:	08/24/2015
Priority:	Standard	Application Received:	09/04/2015

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: Texas, Illinois
Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 36-year-old male with a date of injury of March 13, 2006. A review of the medical records indicates that the injured worker is undergoing treatment for chronic back pain, lumbar sprain, and lumbar radiculopathy. Medical records dated May 19, 2015 indicate that the injured worker complains of neck pain and lower back pain rated at a level of 3 out of 10 with medications and 8 out of 10 without medications. Records also indicate that the pain levels were increased from a prior evaluation on April 21, 2015, where the pain was rated at a level of 6 out of 10 without medications. A progress note dated August 11, 2015 notes subjective complaints of lower backache rated at a level of 4 out of 10 with medications and 8 out of 10 without medications. The physical exam dated May 19, 2015 reveals an antalgic gait, restricted and painful range of motion of the lumbar spine, tenderness to palpation of the lumbar paravertebral muscles with spasm and tight muscle band bilaterally, positive lumbar facet loading bilaterally, tenderness over the sacroiliac spine, decreased strength of the right lower extremity, decreased sensation to light touch over the lateral foot, medial foot, and the L5 and S1 lower extremity dermatomes bilaterally, and positive straight leg raise test on the right. The progress note dated August 11, 2015 documented a physical examination that showed no changes since the examination on May 19, 2015. The treating physician documented (June 30, 2015) that the injured worker was "Noting increased back pain and leg weakness". Treatment has included medications (Skelaxin, Vicodin, Celebrex, Trazodone, and Pantoprazole since at least March of 2015; Ibuprofen since at least April of 2015; Gabapentin since at least August of 2015), lumbar epidural steroid injection, electromyogram-nerve conduction studies (April 27, 2009) that showed chronic left lumbar radiculopathy without active denervation, and magnetic resonance imaging of the lumbar spine (April 9, 2009) that showed degenerative disc changes at the L4-5 and L5-S1

levels combining with facet joint hypertrophy to cause mild bilateral neural foraminal narrowing. An utilization review (August 24, 2015) non-certified a request for six sessions of acupuncture for the lumbar spine, magnetic resonance imaging of the lumbar spine, and a consultation with pain psychology.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 6 sessions to the Lumbar Spine: Overturned

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment 2007.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007, and Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine, Work conditioning, work hardening.

Decision rationale: The injured worker sustained a work related injury on March 13, 2006. The medical records provided indicate the diagnosis of chronic back pain, lumbar sprain, and lumbar radiculopathy. Treatments have included Skelaxin, Vicodin, Celebrex, Trazodone, Pantoprazole, Ibuprofen, and Gabapentin. The medical records provided for review do indicate a medical necessity for Acupuncture 6 sessions to the Lumbar Spine. The MTUS states that Acupuncture is used as an option when pain medication is reduced or not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. The medical records do indicate that while the injured worker is not being considered for surgery, and the pain medication is neither reduced nor not well tolerated, the injured worker has been doing home exercise program, and has been advised to walk as an exercise. Additionally, the injured worker is being considered for work hardening. Therefore, the injured worker is engaged in a rehabilitative program. Furthermore, the MTUS recommends 3-6 programs. Therefore, the request is medically necessary.

MRI to the Lumbar Spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC 2015.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic) MRIs (magnetic resonance imaging).

Decision rationale: The injured worker sustained a work related injury on March 13, 2006. The medical records provided indicate the diagnosis of chronic back pain, lumbar sprain, and lumbar radiculopathy. Treatments have included Skelaxin, Vicodin, Celebrex, Trazodone, Pantoprazole, Ibuprofen, and Gabapentin. The medical records provided for review do not indicate a medical necessity for MRI to the Lumbar Spine. The medical records indicate the injured worker had Lumbar MRI in 2009 with a finding of degenerative discs disease, facet joint hypertrophy and mild bilateral neural foraminal narrowing; the EMG was positive for radiculopathy. Additional records indicate the pain appears to be getting worse, but the examination findings have remained unchanged. The MTUS does not recommend imaging studies like MRI except in the presence of unequaovocal findings of neurologic disorder. In this case, the injured worker has had a previous MRI, and has been diagnosed of lumbar radiculopathy, but there is no indication

from the examination that the neurological disorder has progressed. While the MTUS is silent on repeat MRI, the Official Disability Guidelines does not recommend repeat MRI except when there is significant change in symptoms and/or findings suggestive of significant pathology (e.g., tumor, infection, fracture, neurocompression, recurrent disc herniation). Therefore, the request is not medically necessary.

Consultation with Pain Psychology: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Psychological treatment, Psychological evaluations.

Decision rationale: The injured worker sustained a work related injury on March 13, 2006. The medical records provided indicate the diagnosis of chronic back pain, lumbar sprain, and lumbar radiculopathy. Treatments have included Skelaxin, Vicodin, Celebrex, Trazodone, Pantoprazole, Ibuprofen, and Gabapentin. The medical records provided for review do indicate a medical necessity for Consultation with Pain Psychology. The MTUS recommends psychological treatment for the appropriately identified patients during treatment for chronic pain. Additionally, the MTUS states that psychological treatment incorporated into pain treatment has been found to have a positive short-term effect on pain interference and long-term effect on return to work. Until the injured worker consults with the pain psychologist, it is not possible to determine whether the injured worker is an appropriate patient or not. Therefore, the request is medically necessary.