MAXIMUS Federal Services

Case Number:	CM15-0068678		
Date Assigned:	04/16/2015	Date of Injury:	08/27/2010
Decision Date:	05/21/2015	UR Denial Date:	03/20/2015
Priority:	Standard	Application Received:	04/10/2015

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: Family Practice

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 34 year old male who sustained an industrial injury on 8/27/10. He has reported initial complaints of low back injury after pushing/pulling a heavy cart weighing about 800 pounds. The diagnoses have included lumbar sprain, sciatica, spinal stenosis and lumbar radiculitis. Treatment to date has included medications, Functional Capacity Evaluation (FCE), pain management, activity modifications and home exercise program (HEP). There were no recent diagnostics noted and no urine drug screen noted. The current medications included Norco, Protonix and Fexmid. Currently, as per the physician progress note dated 3/3/15, the injured worker complains of continued low back pain. Physical exam revealed that he was ambulating with a cane and he had pain with motion. Straight leg raise test is noted to be positive on the progress reports submitted. The physician noted that he was to follow up with pain management physician and that he was a candidate for additional surgery. The physician requested treatments included Magnetic Resonance Imaging (MRI) of the lumbar spine and Pain management consultation.

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: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304.

Decision rationale: According to ACOEM guidelines, imaging of the low back should be reserved for cases in which surgery is considered or red-flag diagnoses are being evaluated. Red flags consist of fracture, tumor, infection, cauda equina syndrome/saddle anesthesia, progressive neurologic deficit, dissecting abdominal aortic aneurysm, renal colic, retrocecal appendix, pelvic inflammatory disease, and urinary tract infection with corresponding medical history and examination findings. In this case, the medical records note that straight leg raise is positive. Other that a positive straight leg raise, the medical records do not establish progressive neurologic deficit or red flags to support advanced imaging of the lumbar spine. The medical records also noted that the injured worker is a candidate for additional surgery. However, it is not noted for what body part the injured worker is a candidate for. Given these factors, the request for MRI of the lumbar spine is not medically necessary and appropriate.

Pain management consultation: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chapter 7: Independent Medical Examinations and Consultations, pages 127.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 92.

Decision rationale: The medical records note that the injured worker sustained an injury in August 2010. The diagnoses have included lumbar sprain, sciatica, spinal stenosis and lumbar radiculitis. Medication regimen includes opioids. The treating physician has been requesting a pain management consultation for an extended period of time. According to ACOEM guidelines, referral may be appropriate if the practitioner is uncomfortable with the line of inquiry outlined above, with treating a particular cause of delayed recovery (such as substance abuse), or has difficulty obtaining information or agreement to a treatment plan. The request for a pain management consultation is supported per the MTUS guidelines. The request for Pain management consultation is medically necessary and appropriate.