

Case Number:	CM15-0068752		
Date Assigned:	04/16/2015	Date of Injury:	02/28/2013
Decision Date:	05/15/2015	UR Denial Date:	04/07/2015
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: Physical Medicine & Rehabilitation, Pain Management

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 54 year old male, who sustained an industrial injury on 02/28/2013 when he slipped and twisted, injuring his left hip and lower back. On provider visit dated 01/19/2015 the injured worker has reported low back and bilateral hip pain. On examination, he complained of sharp pain in his left hip and exam was noted to be unchanged, ambulating with a cane, limp on left leg was noted as well as left groin pain and lumbar spine pain. The injured worker was noted to be scheduled for surgery. Treatment to date has included medication, MRI, injections and home exercise program. On requested for authorization dated 02/23/2015 the diagnoses have included status post left hip arthroscopy with debridement of labral tear, severe disc degeneration at L5-S1 and intermittent left leg radiculopathy. The provider requested MRI of the Lumbar without contrast and MRI of the Lumbar without contrast. The utilization reviewer noted that a course of chiropractic and acupuncture was recently authorized.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the Lumbar without contrast: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Online Version, Low Back.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation x Official Disability Guidelines (ODG), Low Back Chapter, MRIs (magnetic resonance imaging).

Decision rationale: Regarding the request for lumbar MRI, CA MTUS does not address repeat imaging. ODG states that repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. Within the documentation available for review, there is no identification of any red flags or change in symptoms/findings suggestive of significant pathology since the prior MRI. In the absence of clarity regarding those issues, the currently requested lumbar MRI is not medically necessary.

Pain Management Consultation for consideration of L5-S1 Facet Block: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Online Version, Low Back, Medical Branch Block.

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) Occupational Medicine Practice Guidelines, Independent Medical Examinations and Consultations Chapter, Page 127.

Decision rationale: Regarding the request for consultation, California MTUS does not address this issue. ACOEM supports consultation 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. Within the documentation available for review, it is noted that the request is for the purpose of consideration for a facet block. The records note that the patient has a pending course of conservative care including chiropractic and acupuncture, the results of which may obviate the need for interventional treatment. In light of the above issues, the currently requested consultation is not medically necessary.