

Case Number:	CM15-0092216		
Date Assigned:	05/18/2015	Date of Injury:	01/14/1984
Decision Date:	06/17/2015	UR Denial Date:	05/12/2015
Priority:	Standard	Application Received:	05/13/2015

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: New Jersey, Alabama, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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:

The 66-year-old male injured worker suffered an industrial injury on 01/14/1984. The diagnoses included lumbosacral radiculitis, brachial neuritis, lumbar post-laminectomy syndrome and displacement of lumbar intervertebral disc without myelopathy. The injured worker had been treated with trail of spinal cord stimulator, 3 spinal surgeries and medications. On 3/26/2015, the treating provider reported ongoing pain in the low back and down both legs. The medication reduced the pain from 8/10 to 4/10. On exam, there is an impaired gait with restricted range of motion and tenderness. The treatment plan included orthopedic consultation and Lumbar spine MRI to include SI joint.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orthopedic consultation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, Chapter 7, page 127.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs, early intervention Page(s): 32-33.

Decision rationale: According to MTUS guidelines, the presence of red flags may indicate the need for specialty consultation. In addition, the requesting physician should provide a documentation supporting the medical necessity for a pain management evaluation with a specialist. The documentation should include the reasons, the specific goals and end for using the expertise of a specialist. In this case, there is no clear documentation for the rational for the request for an office visit for Ortho. According to the progress report dated April 23, 2015, there is no indication of positive orthopedic or neurologic deficits on examination. The requesting physician did not provide a documentation supporting the medical necessity for this visit. The provider documentation should include the reasons, the specific goals and end for using the expertise of a specialist. Therefore, the request for orthopedic consultation is not medically necessary.

Lumbar spine MRI to include SI joint: Upheld

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

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

Decision rationale: Regarding the indications for imaging in case of back pain, MTUS guidelines stated : “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. Indiscriminant imaging will result in false-positive findings, such as disk bulges, that are not the source of painful symptoms and do not warrant surgery. If physiologic evidence indicates tissue insult or nerve impairment, the practitioner can discuss with a consultant the selection of an imaging test to define a potential cause (magnetic resonance imaging [MRI] for neural or other soft tissue, computer tomography [CT] for bony structures).” Furthermore, and according to MTUS guidelines, MRI is the test of choice for patients considering back surgery, fracture or tumors that may require surgery. There is no indication that the patient would consider additional surgery as an option. In addition, the patient does not have any clear evidence of lumbar radiculopathy or any evidence of new findings. The patient does not have any clear evidence of new lumbar nerve root compromise. There is no clear evidence of significant change in the patient signs or symptoms suggestive of new pathology. Therefore, the request for MRI of the lumbar spine is not medically necessary.