

<b>Case Number:</b>	CM15-0095082		
<b>Date Assigned:</b>	05/21/2015	<b>Date of Injury:</b>	09/10/2013
<b>Decision Date:</b>	06/29/2015	<b>UR Denial Date:</b>	04/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/18/2015

### 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 46-year-old female, who sustained an industrial injury on 09/10/2013. She reported low back and left hip pain after a fall at work. The injured worker is currently permanent and stationary and not working. The injured worker is currently diagnosed as having lumbar stenosis, lumbar spine disc herniation, lumbar radiculopathy, chronic thoracic spine pain, and probable cervical radiculopathy. Treatment and diagnostics to date has included lumbar spine MRI on 10/09/2013, which showed a disc protrusion at L4-5, normal electromyography/nerve conduction velocity studies of the bilateral upper extremities and bilateral lower extremities, no relief after 24 sessions of physical therapy, Transcutaneous Electrical Nerve Stimulation Unit with relief, and medications. Electrodiagnostic studies on 7/2/14 revealed no evidence of radiculopathy. In a progress note dated 03/23/2015, the injured worker presented with complaints of low back pain and left leg symptoms. Objective findings include paraspinal tenderness with spasms, decreased cervical, thoracic, and lumbar spine range of motion, positive straight leg test, diminished light touch sensation in the left cervical dermatomes, and diminished sensation to the left lumbar dermatomes. The treating physician reported requesting authorization for an MRI of the lumbar spine, pain management follow up, and follow up in 12 weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI of lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310. Decision based on Non-MTUS Citation Official Disability Guidelines Low Back.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter.

**Decision rationale:** According to ACOEM guidelines, pages 303-304, imaging of the low back should be reserved for cases in which surgery is considered or red-flag diagnoses are being evaluated. According to ODG, repeat magnetic resonance imaging is supported when there is significant change in symptoms and/or findings suggestive of significant pathology (eg, tumor, infection, fracture, neurocompression, recurrent disc herniation). In this case, lumbar magnetic resonance imaging was performed in October 2013 and in the absence of re-injury, significant change in symptoms, or consideration for surgery, the request for updated imaging is not medically necessary.

**Pain management follow up:** Overturned

**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 ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 92.

**Decision rationale:** According to ACOEM guidelines, page 92, referral may be appropriate if the practitioner is uncomfortable with treating a particular cause of delayed recovery, or has difficulty obtaining information or agreement to a treatment plan. In this case, the injured worker has presented with continued subjective and positive physical examination findings that had not responded to conservative management. The request for pain management follow up would be supported per the ACOEM guidelines. The request for Pain management follow up is medically necessary and appropriate.

**Follow up in 12 weeks:** Overturned

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter.

**Decision rationale:** According to ODG, office visits are recommended as determined to be medically necessary. Evaluation and management (E&M) outpatient visits to the offices of

medical doctor(s) play a critical role in the proper diagnosis and return to function of an injured worker, and they should be encouraged. The need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medicines such as opiates require close monitoring. In this case, the medical records indicate that the injured worker is being prescribed multiple medications and a follow up is supported. The request for Follow up in 12 weeks is medically necessary and appropriate.