

Independent Medical Review Final Determination Letter

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Dated: 12/26/2013

IMR Case Number:	CM13-0008967	Date of Injury:	09/14/1998
Claims Number:	[REDACTED]	UR Denial Date:	07/24/2013
Priority:	STANDARD	Application Received:	08/08/2013
Employee Name:	[REDACTED]		
Provider Name:	[REDACTED] MD		
Treatment(s) in Dispute Listed on IMR Application:			
EVALUATION FOR THE HELP PROGRAM, FOR LUMBAR SPINE DISORDER AS AN OUTPATIENT			

DEAR [REDACTED]

MAXIMUS Federal Services has completed the Independent Medical Review (“IMR”) of the above workers’ compensation case. This letter provides you with the IMR Final Determination and explains how the determination was made.

Final Determination: UPHOLD. This means we decided that none of the disputed items/services are medically necessary and appropriate. A detailed explanation of the decision for each of the disputed items/services is provided later in this letter.

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the Final Determination of the Administrative Director of the Division of Workers’ Compensation. This determination is binding on all parties.

In certain limited circumstances, you can appeal the Final Determination. Appeals must be filed with the Workers’ Compensation Appeals Board within 30 days from the date of this letter. For more information on appealing the final determination, please see California Labor Code Section 4610.6(h).

Sincerely,

Paul Manchester, MD, MPH
Medical Director

cc: Department of Industrial Relations, [REDACTED]

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedic Surgeon, Sports Medicine and is licensed to practice in California. 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 physician 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/services.

DOCUMENTS REVIEWED

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]

CLINICAL CASE SUMMARY

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

The patient is a 57-year-old female who reported an injury on 09/14/1998 due to picking up a box of fruit injuring her low back. She was subsequently treated with medications and a TENS unit. The patient later underwent right and left carpal tunnel releases and left foot surgery. The patient underwent a lumbar MRI in 09/2012 that noted degenerative changes and mild spinal canal stenosis, some nerve root contact with the neural foramina. The patient had ongoing low back complaints. The most recent physical evaluation noted that the patient presented in a wheelchair with a rigid back brace and bilateral arm splints. The patient's diagnoses included chronic back pain, bilateral wrist pain and bilateral foot pain, lumbar radiculopathy, mild spinal canal stenosis, lumbar arthropathy, bilateral sacroiliitis, severe depression and obesity. The patient's treatment plan included continued support of prescribed medications and a HELP evaluation.

IMR DECISION(S) AND RATIONALE(S)

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

1. 1 evaluation for the Help Program, for Lumbar Spine Disorder as an outpatient. is not medically necessary and appropriate.

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines Chronic, which is part of the MTUS.

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines Chronic, Pain Programs (functional restoration programs), pgs. 30-33, which is part of the MTUS.

The Physician Reviewer's decision rationale: The medical records provided for review indicates that the employee continued to report complaints of back pain. However, California Medical Treatment Utilization Schedule states, "previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement." The clinical documentation submitted for review does not specifically address attempts to control the employee's pain, aside from medications. Additionally there is no evaluation of the employee's motivation to change and negative predictors such as long term opioid usage have not been addressed. Additionally, the employee's candidacy for surgery was not addressed in the documentation. **The request for evaluation of the HELP Program for the lumbar spine is not medically necessary and appropriate.**

2. 1 magnetic Resonance Imaging of the Lumbar Spine without contrast, as an outpatient between 7/17/2013 and 8/31/2013 is not medically necessary and appropriate.

The Claims Administrator based its decision on the California Medical Treatment Utilization Schedule, Acupuncture, which is part of the MTUS.

The Physician Reviewer based his/her decision on the Low Back Complaints (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 12), which is part of the MTUS. Official Disability Guidelines (ODG) Low Back Chapter, Magnetic Resonance Imaging, which is not part of the MTUS.

The Physician Reviewer's decision rationale: The medical records provided for review indicates that the employee does have ongoing pain complaints of the low back. The clinical documentation submitted for review does indicate that the employee underwent an MRI in 09/2012. California Medical Treatment Utilization Schedule states, "Unequivocal objective findings that identify specific nerve root compromise on the neurological examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option." The clinical documentation submitted for review does not provide evidence that the employee is a surgical candidate. Additionally, there are no neurological findings to support deficits that would indicate the need for this type of imaging study. Additionally, Official Disability Guidelines state, "MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant

pathology.” The clinical documentation submitted for review does not provide evidence of a significant change in the employee’s symptoms to warrant repeat imaging. **The request for Magnetic Resonance Imaging of the lumbar spine without contrast as an outpatient between 07/17/2013 and 08/31/2013 is not medically necessary and appropriate.**

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[REDACTED]

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