

Case Number:	CM13-0018339		
Date Assigned:	10/11/2013	Date of Injury:	12/21/2007
Decision Date:	01/07/2014	UR Denial Date:	08/05/2013
Priority:	Standard	Application Received:	08/29/2013

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 Surgery and is licensed to practice in New Hampshire, New York and Washington. 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. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

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

A 67 year-old female who sustained an injury on 12/21/07. She tripped and fell and landed on her hips and knees. She had a previous lumbar laminectomy 20 years ago. She has been diagnosed with scoliosis and post laminectomy pain syndrome. She has had physical therapy and acupuncture years ago, but not recently. Her last lumbar MRI was in 2010. On physical exam she has a painful range of lumbar motion and a positive straight leg raise test. She has some weakness of left EHL and ankle dorsiflexion on the left. Sensation is decreased in the left L4 and L5 dermatomes. At issue is whether or not lumbar MRI and lumbar radiographs are needed at this time.

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, spinal canal & contents without contrast: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, MRI.

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

Decision rationale: There has been no documentation of a recent change in neurologic function and clinical symptoms since the last lumbar MRI in 2010. There are no red flag indications for lumbar MRI such as documented concern for fracture, tumor, or instability. Also, there is no documentation of significant or progressive neurologic deficit. Repeat MRI is not routinely recommended per MTUS guidelines and not likely to provide relevant clinical information in cases without significant red flag indicators and without significant change in documented neurologic function as is the case with this patient. Repeat MRI is not medically needed.

X-rays of the lumbar spine, extension and flexion: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Radiography (x-rays) .

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

Decision rationale: MTUS guidelines indicate that lumbar spine xrays are not recommended for patients who do not have red flag pathologic indicators even if the pain has persisted for at least 6 weeks. Additionally, the patient is not over 70 years of age and has no history of recent significant trauma, infection, or concern for tumor. Also, this patient has had MRI imaging in 2010 without any significant change in neurologic symptoms. MRI is a much more sensitive test than x-rays and was already performed in 2010. Lumbar x-rays are not medically necessary at this time and not likely to provide any relevant clinical information.