

Case Number:	CM13-0031313		
Date Assigned:	12/04/2013	Date of Injury:	04/14/2012
Decision Date:	08/01/2014	UR Denial Date:	09/23/2013
Priority:	Standard	Application Received:	10/03/2013

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Texas and Ohio. 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/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:

This patient is a 54 year-old with a date of injury of 04/14/12. A progress report associated with the request for services, dated 07/24/13, identified subjective complaints of low back pain radiating into the legs. Objective findings included tenderness to palpation of the lumbar spine with decreased range-of-motion. Motor and sensory function and reflexes were not documented. Diagnoses included lumbosacral strain and lumbar disc disease. Treatment had included NSAIDs and oral analgesics. A Utilization Review determination was rendered on 09/23/13 recommending no medically necessity of 1 MRI of the lumbar spine without contrast between 8/29/2013 and 11/18/2013 and 7 view x-rays of the lumber spine.

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 Without Contrast: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303; 309.

Decision rationale: The Medical Treatment Utilization Schedule (MTUS) states that 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. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. Indiscriminate imaging will result in false-positive findings, such as disk bulges, that are not the source of painful symptoms and do not warrant surgery. They further note that MRI is recommended when cauda equina, tumor, infection, or fracture is strongly suspected and plain radiographs are negative. In this case, there are no documented unequivocal findings of nerve compromise or evidence of cauda equina syndrome, tumor, infection, or fracture. Therefore, the medical record does not document the medical necessity for an MRI of the lumbar spine.

7 View X-Rays of the Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 53.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303, 309. Decision based on Non-MTUS Citation ODG, Low Back, Flexion/Extension Imaging Studies.

Decision rationale: The Medical Treatment Utilization Schedule (MTUS) Guidelines state lumbar spine x-rays may be appropriate if the physician believes that it would aid in patient management. The ODG state that flexion and extension x-rays (extra views) are not recommended as a primary criteria for range of motion. However, they do note that they may be used to evaluate instability in anticipation of spinal fusion. In this case, there is no documentation of red-flags or instability. Therefore, the record does document the medical necessity for 7 view x-rays of the lumbar spine.