

Case Number:	CM14-0010581		
Date Assigned:	02/21/2014	Date of Injury:	06/06/2011
Decision Date:	06/25/2014	UR Denial Date:	01/06/2014
Priority:	Standard	Application Received:	01/27/2014

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 & Rehabilitation and Pain Medicine 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:

The injured worker is a 41-year-old female who reported an injury on 05/06/2011. The mechanism of injury was not provided. The clinical note dated 12/10/2013 reported the injured worker complained of lumbar spine pain rated 9/10 that radiates to the left lower extremity. The physical examination revealed tenderness to palpation of the lumbar spine, +3 spasms, generalized swelling, and positive straight leg raise at 70 degrees bilaterally. The diagnosis included lumbar spine radiculopathy. The treatment plan included recommendations for continuation of TENS unit, continuation of hot and cold therapy, a back brace, a medication refill of Vicodin, and request for updated lumbar spine x-ray and MRI. The Request for Authorization was not submitted for review to include the date the treatment was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

LUMBAR X-RAYS: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

Decision rationale: The ACOEM Guidelines state 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. The clinical information, provided for review, noted the injured worker had a flare up of lumbar spine pain radiating to the left lower extremity. However, there is no clear evidence of any red flags or clinical findings suggestive of serious spinal pathology to support the request for an updated x-ray of the lumbar spine. Therefore, the request for lumbar x-rays is not medically necessary.

MRI WITH CONTRAST L-SPINE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: DIAGNOSTIC TESTING, ,

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, MRIs (magnetic resonance imaging).

Decision rationale: The American College of Occupational and Environmental Medicine recommends 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. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. The Official Disability Guidelines further state repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (e.g., tumor, infection, fracture, neurocompression, recurrent disc herniation). The clinical information, provided for review, noted the injured worker had a flare up of lumbar spine radiating to the left lower extremity. However, the documentation did not provide evidence of severe or progressive neurological deficits or any red flags or clinical findings suggestive of serious spinal pathology to support the request for an updated MRI of the lumbar spine. Therefore, the request for MRI with contrast of the lumbar spine is not medical necessary.