

Case Number:	CM14-0019730		
Date Assigned:	04/28/2014	Date of Injury:	06/27/2008
Decision Date:	07/08/2014	UR Denial Date:	02/11/2014
Priority:	Standard	Application Received:	02/18/2014

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 and Rehabilitation and is licensed to practice in Illinois. 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 37 year old male who reported an injury on 06/27/2006. The injured worker reportedly bent to pick up a piece of plywood from the ground when he felt sudden severe pain. Per the clinical note dated 03/19/2014 the physician reported no evidence of aggressive degeneration to the lumbar spine. Per the clinical note dated 02/03/2014 the injured worker has tenderness at the L4-L5 and L5-S1 level, right greater than left, a straight leg raise was negative on the left and only trace positive on the right. Deep tendon reflexes are 2+ to bilateral ankles, 1+ to the left knee and trace right knee. The injured worker reported constant pain at 4-7/10. The diagnosis for the injured worker is displacement of lumbar intervertebral disc without myelopathy. Per the clinical note dated 03/19/2014 the injured worker's symptoms are unchanged from previous visits. Lumbar x-rays show good alignment with no evidence of aggressive degeneration and alignment is stable. The request for authorization for medical treatment was dated 02/04/2014.

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: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 303.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304.

Decision rationale: American College of Occupational and Environmental Medicine Guidelines states that in the absence of red flags, primary care and occupational physicians or other health care professionals can effectively manage low back problems conservatively. Imaging studies should be reserved for cases in which surgery is considered or red flag diagnoses are being evaluated. Red flag conditions: progressive neurologic deficit: 1) significant progression of weakness. 2) significant increased sensory loss. 3) new motor weakness. 4) radicular signs. Unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who did not respond to treatment. Per the provided documentation the injured worker's symptoms are chronic and unchanged. Previous Lumbar x-rays show good alignment with no evidence of aggressive degeneration and alignment is stable. Therefore, as there is insufficient evidence to support this, the request for an MRI of the lumbar spine is not medically necessary and appropriate.

X-RAYS OF THE LUMBAR SPINE WITH AP, FLEXION AND EXTENSION VIEW:

Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 303.

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

Decision rationale: American College of Occupational and Environmental Medicine 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. 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 an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. The documentation reports the injured worker had previous lumbar x-rays that reported good alignment with no evidence of aggressive degeneration and alignment that was stable. Therefore, there is no change in the injured worker's condition and the request for x-rays of the lumbar spine with AP, flexion and extension views is not medically necessary and appropriate.