MAXIMUS Federal Services

Case Number:	CM14-0120424		
Date Assigned:	08/06/2014	Date of Injury:	07/02/2004
Decision Date:	09/24/2014	UR Denial Date:	07/07/2014
Priority:	Standard	Application Received:	07/30/2014

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 Internal 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 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 patient is an injured worker with neck and back complaints. Date of Injury 7/2/2004. The primary care physician's progress report dated 5/5/2014 documented subjective complaints of pain in his neck and low back, pain in his hip and his left leg. Physical examination was documented. Cervical spine range of motion was 75% normal throughout. Right shoulder abduction was 0 to 160 degrees. Left shoulder abduction was 0 to 150 degrees. Lumbar spine range of motion is 50% normal throughout. He walks without an obvious limp. He cannot walk on the heels and toes. Left Knee demonstrated no effusion in the joint, flexion 0 to 140 degrees, no frank joint line tenderness. Straight leg raising test bilaterally is to 90 degrees. The left knee and left ankle reflex remain equivocal. Treatment plan included reassessment visit in two months and refill of Naprosyn and Tramadol. Utilization review determination date was 7/7/2014. He walks without an obvious limp. He cannot walk on the heels and toes. Left Knee demonstrated no effusion in the joint, flexion 0 to 140 degrees, no frank joint line tenderness. Straight leg raising test bilaterally is to 90 degrees. The left knee and left ankle reflex remain equivocal. Treatment plan included reassessment visit in two months and refill of Naprosyn and Tramadol. Utilization review determination date was 7/7/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304, 308-310.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 12 Low Back Complaints states that relying solely on imaging studies to evaluate the source of low back and related symptoms carries a significant risk of diagnostic confusion (false-positive test results). Imaging studies should be reserved for cases in which surgery is considered or red-flag diagnoses are being evaluated. Table 12-8 Summary of Recommendations for Evaluating and Managing Low Back Complaints (Page 308-310) recommends CT or MRI when cauda equina, tumor, infection, or fracture are strongly suspected and plain film radiographs are negative. Imaging tests in the absence of red flags are not recommended. The latest available progress report dated 5/5/2014 documented subjective complaints of pain in his neck, low back, hip, and left leg. Physical examination documented that lumbar spine range of motion was 50% normal throughout. He walked without an obvious limp. Left Knee demonstrated no effusion in the joint, flexion 0 to 140 degrees, no frank joint line tenderness. Straight leg raising test bilaterally was to 90 degrees. Tenderness of the lumbosacral spine was not documented. No motor weakness of the lumbosacral spine or lower extremities were documented. There were no objective red flag findings. The available medical records do not support the medical necessity of lumbar spine MRI. Therefore, the request for MRI of Lumbar Spine is not medically necessary.

Cervical Spine X-Rays: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179, 181-183.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) addresses cervical spine MRI. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 8 Neck and Upper Back Complaints states that reliance on imaging studies alone to evaluate the source of neck or upper back symptoms carries a significant risk of diagnostic confusion (false-positive test results). Table 8-8 Summary of Recommendations for Evaluating and Managing Neck and Upper Back Complaints (Page 181-183) states that radiography are the initial studies when red flags for fracture, or neurologic deficit associated with acute trauma, tumor, or infection are present. The latest available progress report dated 5/5/2014 documented subjective complaints of neck pain. Physical examination documented that cervical spine range of motion was 75% normal throughout. Tenderness of the cervical spine was not documented. No neurologic deficits of the cervical spine or upper extremities were documented. There were no objective red flag findings. The available medical records do not support the medical necessity of cervical spine x-rays. Furthermore, the utilization review dated 7/7/2014 recommended certification of cervical spine MRI, which would make the request for x-rays of

the cervical spine redundant and not necessary. Therefore, the request for Cervical Spine X-Rays are not medically necessary.

Lumbar Spine X-Rays: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304,308-310.

Decision rationale: Medical treatment utilization schedule (MTUS) American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 12 Low Back Complaints states that relying solely on imaging studies to evaluate the source of low back and related symptoms carries a significant risk of diagnostic confusion (false-positive test results). Lumbar spine x rays should not be recommended in patients with low back pain in the absence of red flags for serious spinal pathology. Imaging studies should be reserved for cases in which surgery is considered or red-flag diagnoses are being evaluated. Table 12-8 Summary of Recommendations for Evaluating and Managing Low Back Complaints (Page 308-310) recommends CT or MRI when cauda equina, tumor, infection, or fracture are strongly suspected and plain film radiographs are negative. Radiographs of lumbosacral spine are recommended when red flags for fracture, cancer, or infection are present. Imaging tests in the absence of red flags are not recommended. The latest available progress report dated 5/5/2014 documented subjective complaints of pain in the neck, low back, hip, and left leg. Physical examination documented that lumbar spine range of motion was 50% normal throughout. He walked without an obvious limp. Left Knee demonstrated no effusion in the joint, flexion 0 to 140 degrees, no frank joint line tenderness. Straight leg raising test bilaterally was to 90 degrees. Tenderness of the lumbosacral spine was not documented. No motor weakness of the lumbosacral spine or lower extremities were documented. There were no objective red flag findings. The available medical records do not support the medical necessity of lumbar spine x-rays. Therefore, the request for Lumbar Spine X-Rays are not medically necessary.