

Case Number:	CM14-0151958		
Date Assigned:	09/22/2014	Date of Injury:	03/16/2012
Decision Date:	10/21/2014	UR Denial Date:	08/14/2014
Priority:	Standard	Application Received:	09/17/2014

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 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:

Patient is a 43-year-old female who has submitted a claim for chronic pain, lumbar facet arthropathy and lumbar radiculopathy with L4-5 annular tear associated with an industrial injury date of 03/16/12. Medical records from 2012 to 2014 were reviewed. Patient sustained an injury while working in her capacity as a warehouse worker when while she was moving boxes and carrying them from one table to another, she felt strong pain in her lower back. Patient sought consult and had chiropractic therapy, pain management, epidural injections, acupuncture and medications which provided only temporary relief. MRI of the lumbar spine done 06/08/12 showed L4-5 and L5-S1 intervertebral disc degeneration, L4-5 annular disc bulging with annular tear; and, L5-S1 annular disc bulging with annular tear; mild facet hypertrophy and mild facet arthropathy bilaterally. A QME dated 04/07/14 states that future medical care, injections and surgery is not recommended and recommends weaning off all medications. 09/05/14 progress report states that patient had persistent low back pain reported as unchanged since her last visit, graded 8/10 without medications and graded 5/10 with medications, that radiates down to the bilateral lower extremities, accompanied by numbness and weakness. Patient had no new complaints and denies side effects of treatments or medications. The pain was aggravated by activity, prolonged sitting/standing, twisting and walking. She had difficulty performing her activities of daily living (ADLs) including self-care, ambulation and sleep. She notes that physical therapy and medications helped increase her function and mobility and decrease pain. On physical examination, tenderness was noted in the spinal vertebral area L4-S1 levels, spasms and trigger points are noted at the bilateral paraspinal muscles. The range of motion (ROM) of the lumbar spine was moderately limited by pain, which was significantly increased by bending, flexion and extension. Plan was to continue medications and for follow-up in 1 month. Treatment to date has included chiropractic therapy, physical therapy, epidural injections, acupuncture and

medications (Neurontin, Duloxetine and Tramadol ER). Utilization review date of 08/14/14 denied the request for repeat lumbar spine MRI because there was no indication of any objective changes in the patient's condition or worsening neurological condition to support the need for a repeat study.

IMR ISSUES, DECISIONS AND RATIONALES

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

Repeat lumbar spine MRI: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, MRI

Decision rationale: As stated on pages 303-304 of the ACOEM Practice Guidelines referenced by CA MTUS, imaging of the lumbar spine is recommended in patients with red flag diagnoses where plain film radiographs are negative; unequivocal objective findings that identify specific nerve compromise, failure to respond to treatment, and consideration for surgery. In addition, Official Disability Guidelines recommends MRI for the lumbar spine for uncomplicated low back pain, with radiculopathy, after at least 1 month of conservative therapy, sooner if severe, or progressive neurologic deficit. In this case, the patient complained of low back pain radiating down both legs. Physical findings include tenderness in the spinal vertebral area L4-S1 levels, spasms and trigger points are noted at the bilateral paraspinal muscles. The ROM of the lumbar spine was moderately limited by pain, which was significantly increased by bending, flexion and extension. The patient's clinical manifestations were not consistent with a focal neurologic deficit; thus, objective findings did not identify specific nerve compromise to support lumbar MRI. Furthermore, there was no objective documentation of functional outcome from physical therapy, chiropractic therapy and acupuncture to indicate treatment failure. Of note, a previous lumbar spine MRI was done on 06/08/12 which showed L4-5 and L5-S1 intervertebral disc degeneration, L4-5 annular disc bulging with annular tear; and, L5-S1 annular disc bulging with annular tear. There was no significant worsening of symptoms nor was there mention of worsening neurologic deficit in the medical records reviewed. There is insufficient information to warrant a repeat lumbar MRI at this time. Therefore, the request for repeat lumbar spine MRI is not medically necessary.