

Case Number:	CM14-0178520		
Date Assigned:	10/31/2014	Date of Injury:	03/03/2008
Decision Date:	12/26/2014	UR Denial Date:	10/02/2014
Priority:	Standard	Application Received:	10/28/2014

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 Occupational 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 a 57-year-old male who has submitted a claim for lumbar spine strain/strain, and lumbar disk protrusion at L3 to L4 per MRI, cardiac arrhythmia, and Reynaud's disease associated with an industrial injury date of 3/3/2008. Medical records from 2014 were reviewed. The patient complained of frequent and persistent low back pain. He denied radiation of pain to the lower extremities. He had stiffness and tightness on motion of the low back. Aggravating factors included prolonged standing, walking, and sitting activities. He was unable to perform sitting for more than 60 minutes, standing for more than 30 minutes, or walking for more than one block due to increased pain. His walking difficulty was likely due to cardiac problems and difficulty in breathing. Back pain resulted to difficulty in performing grooming, dressing, household chores, and driving. Physical examination of the lumbar spine showed limited motion on all planes with presence of pain on terminal range. The pain was present at the L4 to L5 paraspinal area with forward flexion. Straight leg raise test was positive at the right at 60 degrees. Pain was present during heel walk and toe walk. Hamstring tightness was noted bilaterally. Bilateral lower extremity pitting edema rated +1 was likewise noted. Motor strength, sensory evaluation, and reflexes were normal. Gait was slightly guarded. No antalgic was appreciated. Radiographs obtained on 8/21/2014 showed significant disks space narrowing at L5 to S1. There was a hyperlordotic spine. There were mild degenerative changes at L2 to S1. There was mild anterior lipping at L3 to L4 and L4 to L5. MRI of the lumbosacral spine from 6/6/2008 showed congenital stenosis of the thecal sac. At L2 to L4, there was a posterior annular tear within the intervertebral disks with a 4-mm posterior disk bulge resulting in minimal right and mild left neural foramina narrowing. Treatment to date has included amputation of multiple digits including bilateral index fingers and bilateral third digits due to Reynaud's disease, physical therapy, and medications. Utilization review from 10/2/2014 denied the request for MRI

of the lumbar spine because of no documentation regarding progressive neurologic deficit, significant trauma, concurrent pathology unrelated to injury, or a surgical need to warrant such imaging.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI 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. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Section, MRI

Decision rationale: As stated on pages 303 and 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, patient complained of frequent and persistent low back pain. He denied radiation of pain to the lower extremities. He had stiffness and tightness on motion of the low back. Aggravating factors included prolonged standing, walking, and sitting activities. He was unable to perform sitting for more than 60 minutes, standing for more than 30 minutes, or walking for more than one block due to increased pain. His walking difficulty was likely due to cardiac problems and difficulty in breathing. Physical examination of the lumbar spine showed limited motion on all planes with presence of pain on terminal range. The pain was present at the L4 to L5 paraspinal area with forward flexion. Straight leg raise test was positive at the right at 60 degrees. Pain was present during heel walk and toe walk. Hamstring tightness was noted bilaterally. Bilateral lower extremity pitting edema rated +1 was likewise noted. Motor strength, sensory evaluation, and reflexes were normal. Gait was slightly guarded. No analgesic was appreciated. MRI of the lumbosacral spine from 6/6/2008 showed congenital stenosis of the thecal sac. At L2 to L4, there was a posterior annular tear within the intervertebral disks with a 4-mm posterior disk bulge resulting in minimal right and mild left neural foramina narrowing. This is a request for a repeat MRI of the lumbar spine. However, medical records submitted for review failed to document neurologic deficit to necessitate MRI. Patient denied any paresthesia of the lower extremities. There was likewise no discussion as to how MRI results can affect treatment plans. There was no plan for an operative procedure. The most recent x-ray of the lumbar spine on 8/21/2014 also showed unequivocal disc space narrowing at L5 to S1. There was no clear rationale for further investigation using MRI. Therefore, the request for MRI of the lumbar spine is not medically necessary.