MAXIMUS Federal Services

Case Number:	CM14-0020331		
Date Assigned:	02/21/2014	Date of Injury:	11/29/2007
Decision Date:	07/24/2014	UR Denial Date:	02/04/2014
Priority:	Standard	Application Received:	02/19/2014

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 Health 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 40-year-old male who has submitted a claim for lumbosacral radiculitis, osteoarthrosis of the knee, trochanteric bursitis, myofascial pain syndrome, opioid type dependence, lumbosacral facet arthropathy, and lumbar post laminectomy syndrome associated with an industrial injury date of November 29, 2007.Medical records from 2013-2014 were reviewed. The patient complained of increased low back pain. The pain radiates to the posterolateral part of the left thigh and calf including the lateral, bottom, and dorsal aspect of the left foot. It was characterized as sharp, throbbing, and burning. Aggravating factors include activity, bearing weight, standing, and walking. Physical examination showed normal curvature of the thoracic spine, full range of motion, and no tenderness. Lumbar examination showed loss of normal lordosis. There was noted spinous process tenderness on L3 and L4, paravertebral muscle tenderness, and trigger points on both sides. Lumbar facet loading was positive on both sides and straight leg raise test was positive on the left. There was decreased light touch sensation over the lateral calf and tight on the left. Motor strength was intact. MRI of the lumbar spine, dated October 16, 2013, revealed disc herniation at L2-L3 (right side), spinal stenosis at L2-L3, L4-L5 and L5-S1, and signs of moderate degenerative joint disease in the lumbar region.Treatment to date has included medications, physical therapy, acupuncture, chiropractic therapy, activity modification, lumbar epidural steroid injections, bilateral trochanteric bursa injection, and lumbar laminectomy L3-L4 and L4-L5.Utilization review, dated February 4, 2014, denied the request for lumbar MRI and thoracic MRI. Reasons for denial were not available.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI OF THE LUMBAR: Overturned

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

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, 2nd Edition (2004) 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 on the neurologic examination, 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 conservative therapy, sooner if severe or progressive neurologic deficit. In this case, rationale for an MRI of the lumbar spine was not provided. The MRI of the lumbar spine done last October 16, 2013 revealed disc herniation at L2-L3 (right side), spinal stenosis at L2-L3, L4-L5 and L5-S1, and signs of moderate degenerative joint disease in the lumbar region. In the recent clinical evaluation, the patient still complains of low back pain that radiates to the left thigh. Objective findings revealed positive lumbar facet loading on both sides, positive straight leg raise test on the left, and decreased light touch sensation over the lateral calf and thigh on the left. There was also a plan for a trial of spinal cord stimulator. There was evidence of failed treatments like physical therapy, acupuncture, chiropractic therapy, and over the counter medications. There is sufficient information to warrant a repeat lumbar MRI at this time. Therefore, the request for MRI OF THE LUMBAR is medically necessary.

MRI OF THE THORACIC: Upheld

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

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 thoracic spine is recommended in patients with red flag diagnoses where plain film radiographs are negative; unequivocal objective findings that identify specific nerve compromise on the neurologic examination, failure to respond to treatment, and consideration for surgery. In addition, Official Disability Guidelines recommends MRI for uncomplicated back pain, with radiculopathy, after at least 1 month of conservative therapy. In this case, patient complained of low back pain, however, there was no documentation concerning pain complaints at the upper back area. There was no available comprehensive examination pertaining to the thoracic spine. There was no evidence of nerve compromise on the thoracic

area. There is likewise no evidence of new injury or trauma to the spine, which may warrant diagnostic imaging. Therefore, request for MRI OF THE THORACIC SPINE is not medically necessary.