MAXIMUS Federal Services

Case Number:	CM14-0025664		
Date Assigned:	06/13/2014	Date of Injury:	06/10/2004
Decision Date:	07/15/2014	UR Denial Date:	02/05/2014
Priority:	Standard	Application Received:	02/28/2014

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 Physical Medicine & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 50-year-old male who reported an injury on 06/10/2004. The mechanism of injury was not provided in the documentation. Per the documentation of an x-ray that was completed on 11/20/2013 of the lumbar spine, the injured worker was reported to have mild retrolisthesis of L3 upon L4 which is stable on flexion, extension, and neutral lateral views. Stable satisfactory appearance of the disc prosthesis at the L3-4 level status post laminectomy at L3-4 and L4-5 with posterior pedicle screws and rods from L3 to L5. Per the operative report dated 12/19/2013, the injured worker underwent a bilateral L5-S1 transforaminal epidural steroid injection. Per the radiology report dated 01/14/2014 it noted the injured worker had anterior fusion and posterior hardware fixation with fusion L3 to L5 and normal alignment. Per the physical therapy progress note dated 05/01/2014, the injured worker was continuing a home exercise program. Per the progress note from the primary treating physician dated 05/12/2014, the injured worker continued to report chronic pain to the neck and back with radicular symptoms to the bilateral lower extremities and pain to his left foot. On physical examination of the lumbar spine there was no reported tenderness or swelling. Per the provider's documentation, the injured worker was reported to have undergone electrodiagnostic studies in 01/2012 which reported chronic L5 radiculopathy and a chronic common peroneal mononeuropathy with no evidence of recurrent enervating right or left lumbosacral or sacral plexopathy. Diagnoses for the injured worker were reported to include lumbar degenerative disc disease, lumbosacral radiculopathy, chronic low back pain, bilateral peroneal neuropathies, significant gait disturbance, pain-related insomnia and depression, possible left hip degenerative joint disease, right shoulder impingement syndrome, and bilateral chronic knee pain. The Request for Authorization for Medical Treatment for the x-rays of the lumbar spine was dated 01/31/2014; however, there was no Request for Authorization for Medical Treatment for the MRI of the

lumbar spine provided in the documentation. The provider's rational for the MRI of the lumbar spine and the x-ray of the lumbar spine was not provided in the documentation. Previous treatments for the injured worker were reported to include psychological exam, biofeedback, physical therapy, functional restoration program, medications, injections, and surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE MAGNETIC RESONACE IMAGING (MRI) OF THE LUMBAR SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 53.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305; 308-310.

Decision rationale: Per the California Medical Treatment Utilization Schedule (MTUS) and the American College of Occupational and Environmental Medicine (ACOEM) Guidelines, no tests are recommended for nonspecific low back pain. magnetic resonance imaging (MRI) are recommended when cauda equina, tumor, infection, or fracture are strongly suspected and plain film radiographs are negative then MRI is the test of choice for patients with prior back surgery if physiological evidence indicates tissue insult or nerve impairment. There is a lack of documentation regarding new onset neurological deficits that would warrant a new MRI. There was a lack of objective findings that identified specific nerve compromise upon neurological examination including decreased sensation, lower extremity weakness, and decreased reflexes. Therefore, the request for the MRI of the lumbar spine is not medically necessary and appropriate.

ONE X-RAY OF THE LUMBAR SPINE: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

Decision rationale: Per the California Medical Treatment Utilization Schedule (MTUS) and the American College of Occupational and Environmental Medicine (ACOEM) Guidelines, 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 6 weeks. However, it may be appropriate when the physician believes it would aid in patient management. There was a lack of objective clinical documentation regarding the lumbar spine. The documentation submitted did not indicate the injured worker had new neurological deficits that would support the indication for x-rays of the lumbar spine. There was a lack of documentation regarding new neurological deficits since the x-rays that were taken on 11/20/2013 that would warrant a repeat

x-ray. Therefore, the request for 1 x-ray of the lumbar spine is not medically necessary and appropriate.