

Case Number:	CM14-0029228		
Date Assigned:	06/20/2014	Date of Injury:	05/07/2013
Decision Date:	07/17/2014	UR Denial Date:	02/14/2014
Priority:	Standard	Application Received:	03/07/2014

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 and Rehabilitation and is licensed to practice in Minnesota. 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 59-year-old male who reported an injury on 05/07/2013. The mechanism of injury was noted to be a slip and jerk of his body. His prior treatments were noted to be physical therapy, TENS unit, and medications. His diagnosis was reported to be lumbar complaints. The injured worker had a clinical evaluation on 01/29/2014. His complaints were pain in his neck, shoulders, and low back. He stated the intensity of his pain was an 8 to 9/10. He also stated that pain was consistent, increased with activity, awakened him at night, and was getting worse. The MRI demonstrated disc bulging at C5-6 greater than C6-7 without nerve root impingement or spinal cord compromise. Those findings were consistent with degenerative disc disease C5-6 and C6-7. The injured worker had an EMG/NCV on 09/20/2013. The findings were consistent with mild acute right C5-6 radiculopathy and mild right carpal tunnel sensory compromise for carpal tunnel syndrome. The injured worker uses naproxen, Neurontin, and Vicodin for pain management. The physical examination of the low back demonstrated 6 cm vertebral healed scar midline, 5 degrees range of motion in all directions restricted. There was no paraspinous muscle spasm or external anomaly. Gait, balance, and station were all intact. The treatment plan was for an MRI with and without contrast of the lumbosacral spine and also for plain film series with flexion and extension views of the lumbar spine. The Request for Authorization for medical treatment was not provided within the documentation. The provider's rationale for the requested plain film series and MRI was not provided within the documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar spine plain film series with flexion/extension views between 2/10/2014 and 3/27/2014: 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): 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Flexion/extension imaging studies.

Decision rationale: The request for a lumbar spine plain film series with flexion/extension views between 02/10/2014 and 03/27/2014 is non-certified. The California MTUS/ACOEM Guidelines provide special studies and diagnostic treatment considerations for the low back. It states that 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. The Official Disability Guidelines do not recommend flexion/extension imaging studies, as a primary criterion, for range of motion. An inclinometer is the preferred device for obtaining accurate, reproducible measurements. MRI presents a risk of complications (e.g., infection, radiation) highest for myeloCT, second highest for myelography, and relatively less for bone scan, radiography, and CT. In addition, false-positive results in up to 30% of people over age 30 who do not have symptoms and up to 50% in those over age 40. There was no indication within the documentation to indicate a need for a lumbar spine plain film series with flexion and extension views. In addition, imaging studies should be reserved for cases in which surgery is considered or red flag diagnoses are being evaluated. Therefore, the request for a lumbar spine plain film series with flexion/extension views between 02/10/2014 and 03/27/2014 is non-certified.

MRI of the lumbar spine with and with out contrast between 2/10/2014 and 3/27/2014: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, chapter low back and lumbar & thoracic (acute & chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 296-297.

Decision rationale: The request for an MRI of the lumbar spine with and without contrast between 02/10/2014 and 03/27/2014 is non-certified. According to the California MTUS/ACOEM Guidelines, the diagnostic criteria for an MRI would be spinal stenosis or postlaminectomy syndrome. The injured worker had an MRI on 05/21/2013 and the documentation fails to indicate that the symptoms have changed or worsened to warrant an MRI at this time. In addition, the injured worker does not have any history of spinal stenosis or postlaminectomy syndrome. Therefore, the request for an MRI of the lumbar spine with and without contrast between 02/10/2014 and 03/27/2014 is non-certified.

