

Case Number:	CM14-0075717		
Date Assigned:	07/16/2014	Date of Injury:	12/24/2010
Decision Date:	09/16/2014	UR Denial Date:	04/29/2014
Priority:	Standard	Application Received:	05/23/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 50-year-old female who has submitted a claim for degenerative facet disease L3-4, L4-5, and L5-S1 associated with an industrial injury date of 12/24/2010. Medical records from 08/19/2013 to 07/16/2014 were reviewed and showed that patient complained of low back pain graded 8/10 radiating down right lower extremity. Physical examination revealed tenderness and spasm over lumbar paravertebral and trapezius muscles. Trigger points were noted throughout lumbar paravertebral muscles. Decreased lumbar range of motion (ROM) was noted. Manual muscle test (MMT) of right ankle extensor and flexor and great toe extensor was decreased. Sensation to light touch was decreased at L5 distribution bilaterally. Straight leg raise (SLR) test was positive at 60 degrees bilaterally. Magnetic resonance imaging (MRI) of the lumbar spine dated 02/18/2013 revealed L3-4 intraforaminal disc protrusion, and moderate L3-4, L4-5, and L5-S1 disc bulge. Electromyography/nerve conduction velocity (EMG/NCV) of lower extremities dated 06/27/2013 revealed acute left L5 radiculopathy. X-ray of the lumbar spine dated 11/20/2013 revealed L3-4, L4-5, and L5-S1 degenerative facet changes. Treatment to date has included bilateral intra-articular facet injections L3-4, L4-5, and L5-S1 (04/03/2014), physical therapy, home exercise program, and pain medications. Of note, patient has failed to respond to conservative therapy, medical management and home exercise program (HEP) on 01/15/2014. Utilization review dated 04/29/2014 denied the request for MRI of the lumbar spine because there was limited evidence of significant change in status or progression of neurological deficits. Utilization review dated 04/29/2014 denied the request for MRI of the thoracic spine because the patient does not meet the criteria for the diagnostic procedure. Utilization review dated 04/29/2014 denied the request for x-ray of the thoracic and lumbar spine because there was limited evidence of acute trauma, fracture, or neurologic deficit to support the diagnostic

procedure. Utilization review dated 04/29/2014 denied the request for an orthopedic follow-up visit because there was no clear indication for a follow-up.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the Lumbar and Thoracic: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG-TWC), Low Back Procedure Summary (last updated 03/31/2014).

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 303-304 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 magnetic resonance imaging (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 right lower extremity. Physical exam findings include tenderness over the trapezius, hypesthesia of L5 distribution, weakness over right ankle extensor and flexor and positive SLR test bilaterally. MRI of the lumbar spine was done on 02/18/2013, which did not identify specific nerve compromise or impingement. X-ray of the lumbar spine dated 11/20/2013 showed L3-4, L4-5, and L5-S1 degenerative facet changes. A negative plain film is part of the criteria for MRI. There was no worsening of subjective complaints or objective findings to warrant a repeat MRI. There was no discussion of a contemplated surgical procedure as well. Hence, the patient did not meet the aforementioned criteria for MRI study. Therefore, the request for MRI of the lumbar and thoracic is not medically necessary.

X-rays to Lumbar and Thoracic: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG-TWC), Low Back Procedure Summary (last updated 03/31/2014).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints Page(s): 179-180; 303-304. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Radiography (x-rays).

Decision rationale: As stated on pages 179-180 of the ACOEM Practice Guidelines, 2nd(2004) referenced by CA MTUS, guidelines support x-ray of the thoracic spine in patients with red flag

conditions, physiologic evidence of tissue insult or neurologic dysfunction, or failure to progress in a strengthening program intended to avoid surgery. CA MTUS ACOEM 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 six weeks. However, it may be appropriate when the physician believes it would aid in patient management. In addition, according to Official Disability Guidelines (ODG), indications for x-rays include lumbar spine trauma; uncomplicated low back pain due to trauma, steroids, osteoporosis, age > 70; myelopathy that is traumatic, painful, sudden in onset; or post-surgery, to evaluate the status of fusion. In this case, the patient's subjective and objective findings were consistent with a thoracic pathology. There was no discussion of a contemplated surgery or a recent trauma to the thoracic area. There is no clear indication for thoracic x-ray at this time. Regarding lumbar x-ray, there were no findings of red flags or discussion of recent trauma or surgery to support lumbar spine x-ray. There is no clear indication for lumbar spine x-ray at this time. Therefore, the request for x-rays of the lumbar and thoracic is not medically necessary.

1 Follow-up visit with orthopedist: 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-TWC), Pain Procedure Summary (last updated 04/10/2014).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Section, Office Visits.

Decision rationale: The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines, (ODG), Pain Chapter was used instead. It states that evaluation and management (E&M) outpatient visits to the offices of medical doctor play a critical role in the proper diagnosis and return to function of an injured worker, to monitor the patient's progress, and make any necessary modifications to the treatment plan. In this case, the patient complained of low back pain radiating down right lower extremity. Physical exam findings include hypesthesia of L5 distribution, weakness over right ankle extensor and flexor and positive straight leg raising (SLR) test bilaterally. Magnetic resonance imaging (MRI) of the lumbar spine was done on 02/18/2013 did not identify specific nerve compromise or impingement. There was insufficient documentation to support the claim of failure to conservative management (01/15/2014). There is no clear indication for orthopedic follow-up at this time. Therefore, the request for one follow up visit with orthopedist is not medically necessary.