

Case Number:	CM14-0174460		
Date Assigned:	11/20/2014	Date of Injury:	09/28/2013
Decision Date:	01/08/2015	UR Denial Date:	10/06/2014
Priority:	Standard	Application Received:	10/21/2014

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 Emergency 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 injured worker originally reported injury on 09/20/2013 when she slipped on a paper towel and fell on her knees while walking to a cash register. She was diagnosed with lumbosacral spine musculoligamentous strain/sprain, bilateral knee strain/sprain, rule out bilateral knee internal derangement, and bilateral knee contusion. MRI in 01/2014 noted degenerative changes with severe disc space height loss at L5-S1, with 4 mm retrolisthesis in conjunction with 4 mm posterior disc protrusion at the lateral recess; nerve root effacement with impingement of bilateral S1 nerve roots, with moderate to severe bilateral foraminal stenosis; encroachment of bilateral L5 nerve roots; mild disc desiccation with 3 mm disc bulge; L3-4 mild disc desiccation with 2 mm disc bulge. There is notation of an injection and physical therapy attendance, but the exact details are not defined in the available medical records. Flexion/extension x-rays from 09/16/2014 noted severe discogenic disease with vacuum disc phenomenon at L5-S1 in conjunction with retrolisthesis with dynamic L4-5 spondylolisthesis that corrects on extension. The most recent physician note from 9/18/2014 noted a physical exam suggestive of moderate left greater than right L5 nerve root compression and severe left greater than right S1 nerve root compression. The treating physician requested authorization for a flexion/extension MRI of the lumbar spine while standing. This request was denied by utilization review, and was subsequently submitted for Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexion extension MRI of the lumbar spine without contrast while standing up: 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), Low Back Chapter, Standing MRI, Flexion/Extension Imaging Studies

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305 and Table 12-8. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter

Decision rationale: Per the available records, the injured worker appears to have complex low back pain complicated by lumbar radiculopathy that did not improve with conservative management, including unclear injection and undefined duration of physical therapy. The MTUS guidelines support diagnostic imaging in a patient with unequivocal objective findings of radiculopathy on examination after failure of initial conservative management, and conventional magnetic resonance imaging would be supported for suspected neural or soft tissue disease. However, the MTUS guidelines do not specifically address dynamic or upright MRI. The ODG Low Back Chapter does not recommend standing MRI over conventional MRI, as there is little current evidence to suggest a change in management based upon standing MRI results, or that results could reliably define the source of pain. Furthermore, the ordering physician does not clearly delineate why a flexion/extension standing MRI would affect management differently than a conventional MRI. As written, the request for a flexion extension standing MRI is not supported by the available guidelines and therefore is not medically necessary.