

Case Number:	CM14-0195077		
Date Assigned:	12/02/2014	Date of Injury:	08/20/2010
Decision Date:	01/14/2015	UR Denial Date:	11/10/2014
Priority:	Standard	Application Received:	11/21/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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:

This 60 year old female sustained work related industrial injuries on August 20, 2010. The mechanism of injury was not described. The injured worker was diagnosed with lumbar radiculopathy. According to the provider notes dated August 29, 2014, the injured worker complained of right hip pain and pain radiating down the right leg with numbness in the first three toes of the right foot. The injured worker's treatment consisted of prescribed pain medication, home exercise therapy and periodic follow up visits. The treating provider recommendation was for radiographic imaging including a Magnetic Resonance Imaging (MRI) and X-ray of the lumbar spine. According to the provider notes dated August 29, 2014, physical exam revealed normal gait and a reduction of range of motion for lumbar spine to 1/3 of normal range. As of August 29, 2014, the injured worker reported part time work status of twenty hours as a result of the pain. The treating physician prescribed request for MRI of lumbar and X-ray of lumbar spine AP lateral with flexion and extension views now under review. Per documentation the last lumbar MRI was in 2010. On November 10, 2014, Utilization Review evaluated the prescription for requested on November 3, 2014. Upon review of the clinical information, UR noncertified the request noting lack of clinical documentation to support the medical necessity for MRI and X-ray. This UR decision was subsequently appealed to the Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Magnetic Resonance Imaging (MRI) of the Lumbar: 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, Chapter 14 Ankle and Foot Complaints Page(s): 303-304. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Problems-MRIs (magnetic resonance imaging)

Decision rationale: Magnetic Resonance Imaging (MRI) of the Lumbar is not medically necessary per the ACOEM MTUS and the ODG guidelines. The MTUS recommends imaging studies are reserved for cases in which surgery is considered, or there is a red-flag diagnosis. The guidelines state that "unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in injured workers who do not respond to treatment." The documentation submitted does not reveal a red flag diagnoses. The ODG states that a lumbar MRI should be "reserved for red flag diagnoses, progressive neurologic deficits, and trauma." The ODG states that a repeat MRI is not routinely "recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (e.g., tumor, infection, fracture, neurocompression, recurrent disc herniation)." The documentation indicates that the injured worker has had a prior lumbar MRI. These objective findings are not available for review. The physical exam does not reveal a red flag diagnoses or neurological deficit. It is unclear how a repeat MRI would change her medical management. The request for Magnetic Resonance Imaging (MRI) of the Lumbar is not medically necessary.

X-Ray Lumbar Spine, AP lateral with Flexion and Extension Views: 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-Radiography (x-rays)

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 problems- Radiography (x-rays)

Decision rationale: X-Ray lumbar spine, AP lateral with flexion and extension views is not medically necessary per the MTUS and the ODG guidelines. The MTUS recommends imaging studies are reserved for cases in which surgery is considered, or there is a red-flag diagnosis. The guidelines state that "unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment." The ODG states that Radiography (x-rays) should be reserved for "trauma, myelopathy or progressive neurological deficit, red flag diagnoses, age over 70, steroids or osteoporosis." The documentation does not indicate that the injured worker meets these criteria. There are no red flag physical exam findings. The request for X-ray lumbar spine, AP lateral with flexion and extension views is not medically necessary.

