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| Case Number: | CM14-0195838 | | |
| Date Assigned: | 12/03/2014 | Date of Injury: | 03/12/2009 |
| Decision Date: | 01/15/2015 | UR Denial Date: | 10/30/2014 |
| 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 Family Medicine and is licensed to practice in Ohio. 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 with a date of injury of August 4, 2008. He has had low back pain with radiation to the lower extremities and chronic left knee pain. He underwent a lumbar decompression and fusion surgery in 2010 and had a left knee replacement in 2011. On October 15, 2014 the injured worker shared that he had had a flare of his low back pain over the preceding 3 months which led to his legs giving out and then consequently a fall. The physical exam revealed tenderness to palpation to the spinous processes and regions in between L2-S1. There was diminished sensation in the region of the L4, L5, and S1 dermatomes bilaterally. Straight leg raise testing was positive at 25 bilaterally. The Achilles' tendon reflexes were absent bilaterally. The diagnoses include lumbar disc disease and failed back syndrome. The treating physician requested x-rays of the spine and an updated MRI scan of the lumbar spine as a result of this prolonged back pain flare and the recent trauma. Previous notes describe diminished sensation in the L5 and S1 dermatome regions bilaterally, but make no mention of the L4 dermatome region being an issue.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI to the lumbar spine: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, MRIs (magnetic resonance imaging)

Decision rationale: MRI's are test of choice for patients with prior back surgery, but for uncomplicated low back pain, with radiculopathy, not recommended until after at least one month conservative therapy, sooner if severe or progressive neurologic deficit. 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, and recurrent disc herniation). In this instance, because the extent of lower extremity hypoesthesia had worsened in the context of recent trauma, an MRI scan of the lumbar spine was medically appropriate and necessary.

X-Ray to the lumbar spine (7 views): Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Radiography

Decision rationale: A new meta-analysis of randomized trials finds no benefit to routine lumbar imaging (radiography, MRI, or CT) for low back pain without indications of serious underlying conditions, and recommends that clinicians should refrain from routine, immediate lumbar imaging in these patients. Routine imaging for low back pain is not beneficial and may even be harmful, according to new guidelines from the American College of Physicians. Imaging is indicated only if patients have severe progressive neurologic impairments or signs or symptoms indicating a serious or specific underlying condition, or if they are candidates for invasive interventions. Immediate imaging is recommended for patients with major risk factors for cancer, spinal infection, cauda equina syndrome, or severe or progressive neurologic deficits. Imaging after a trial of treatment is recommended for patients who have minor risk factors for cancer, inflammatory back disease, vertebral compression fracture, radiculopathy, or symptomatic spinal stenosis. Subsequent imaging should be based on new symptoms or changes in current symptoms. In this instance, the injured worker had a trauma with the result being worsened neurologic findings of the lower extremities. Therefore, x-rays of the lumbar spine (7 Views) was medically necessary.