

Case Number:	CM15-0003601		
Date Assigned:	01/14/2015	Date of Injury:	12/13/2011
Decision Date:	03/16/2015	UR Denial Date:	12/20/2014
Priority:	Standard	Application Received:	01/08/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 50 year old male who sustained an industrial injury on 12/13/2011. He has reported back pain. The diagnoses have included lumbar radiculitis, opioid dependence and chronic pain syndrome. Treatment to date has included physical therapy and medication management. Magnetic resonance imaging revealed lumbar 4-5 disc bulge with foraminal stenosis. Currently, the IW complains of low back pain and right lower extremity numbness and tingling. Treatment plan included a magnetic resonance imaging of the lumbar spine and a flexion/extension-anterior/posterior X ray. On 12/20/2014, Utilization Review non-certified magnetic resonance imaging of the lumbar spine and a flexion/extension-anterior/posterior X ray, noting the prior magnetic resonance imaging is 15 months old and the injured worker condition has not changed. The ACOEM Guidelines and Official Disability Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178. Decision based on Non-MTUS Citation Low back chapter, MRI

Decision rationale: The patient presents with "intensely severe" lower back pain with right lower extremity numbness and tingling. The patient's date of injury is 12/13/11. Patient has no surgical intervention directed at this complaint. The request is for MRI OF THE LUMBAR SPINE. The RFA is dated 12/15/14. Physical examination dated 12/15/14 revealed tenderness in the lumbosacral region with moderate to severe decreased range of motion. Positive straight leg raise noted on the right side. Patient is not currently prescribed any active medications. Diagnostic imaging included lumbar MRI dated 08/13/13, significant findings include: "broad based disc bulge at L4-5 level with right paracentral fragment causing foraminal stenosis. The L5-S1 level also has a broad-based discal [sic] and mild to moderate bilateral foraminal stenosis..." Diagnostic X-ray dated 08/13/13 was also provided, significant findings include: "10 degree degenerative scoliosis starting at the L4-5 level." Patient is not currently working. ACOEM Guidelines, chapter 8, page 177 and 178, state "Unequivocal objective findings that identify specific nerve compromise on the neurological examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option." ODG Guidelines do not support MRIs unless there are neurologic signs/symptoms present. Repeat MRI's are indicated only if there has been progression of neurologic deficit. In regards to the request for an additional MRI of the lumbar spine following the one performed on 08/13/13, treater has not documented progression of neurological deficit or a deterioration in patient's condition which would warrant such a study. Progress note dated 12/15/14 states: "His symptoms have not changed and he continues to have disabling pain. His imaging studies are now 15 months old and so we will order a new set to see if our recommendations remain the same." Repeat MRI's to reconfirm prior diagnosis are not supported by guidelines and should only be used in cases where the patient has progressive neurological deficit. Therefore, the request IS NOT medically necessary.

Flexion, extension and AP x-ray: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 5, 303. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back- Lumbar & Thoracic (Acute & Chronic)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Low back chapter, Radiography (x-rays)

Decision rationale: The patient presents with "intensely severe" lower back pain with right lower extremity numbness and tingling. The patient's date of injury is 12/13/11. Patient has no surgical intervention directed at this complaint. The request is for FLEXION, EXTENSION, AND AP X-RAY. The RFA is dated 12/15/14. Physical examination dated 12/15/14 revealed tenderness in the lumbosacral region with moderate to severe decreased range of motion. Positive straight leg raise noted on the right side. Patient is not currently prescribed any active medications. Diagnostic imaging included lumbar MRI dated 08/13/13, significant findings include: "broad based disc bulge at L4-5 level with right paracentral fragment causing foraminal

stenosis. The L5-S1 level also has a broad-based discal [sic] and mild to moderate bilateral foraminal stenosis. "Diagnostic X-ray dated 08/13/13 was also provided, significant findings include: "10 degree degenerative scoliosis starting at the L4-5 level." Patient is not currently working. ODG low back chapter does not recommend routine x-rays in the absence of red flags for serious spinal pathology, even if the pain has persisted for at least 6 weeks. 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. ODG further states:"Immediate imaging is recommended for patients with major risk factors for cancer, spinal infection, caudal equine 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 regards to the request for an additional flexion/extension X-ray of the lumbar spine following the one performed on 08/13/13, treater has not documented new symptoms or changes in current symptoms which would warrant such a study. Progress note dated 12/15/14 states: "His symptoms have not changed and he continues to have disabling pain. His imaging studies are now 15 months old and so we will order a new set to see if our recommendations remain the same." Repeat X-rays to reconfirm prior diagnosis are not supported by guidelines and should only be used in cases where the patient has progressive neurological deficit or is a candidate for invasive interventions. Prior radiographics did not show instability or spondylolisthesis to consider repeat imaging either. Therefore, this request IS NOT medically necessary.