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| <b>Case Number:</b>   | CM15-0140166 |                              |            |
| <b>Date Assigned:</b> | 07/30/2015   | <b>Date of Injury:</b>       | 10/12/2010 |
| <b>Decision Date:</b> | 09/02/2015   | <b>UR Denial Date:</b>       | 07/07/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 07/20/2015 |

### 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: Texas, California

Certification(s)/Specialty: Family Practice

### 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, who sustained an industrial injury on October 12, 2010, incurring neck and back injuries. He was diagnosed with multi-level lumbosacral disc degeneration with bulging, lumbar and cervical stenosis, spondylosis and stenosis with radiculopathy, and right hip labral tear. Treatment included pain medication management. He underwent a right hip arthroscopy and labral debridement in May 2011. On 7/24/15, the injured worker complained of chronic persistent low back and neck pain radiating into the bilateral lower extremities. He was noted to have limited range of motion with flexion and extension of the lower back. He noted increased neck pain radiating into the shoulders and had difficulty sleeping secondary to the constant pain. Physical examination of the cervical spine revealed tenderness on palpation, limited range of motion and decreased sensation in C-5 distribution. Physical examination of the lumbar spine revealed positive SLR, normal gait, limited range of motion and 4/5 strength. The patient has had positive SLR on 6/12/15. The treatment plan that was requested for authorization included x rays of the cervical spine, x rays of the lumbar spine and Magnetic Resonance Imaging of the lumbar spine without contrast. The patient has had X-ray of the cervical spine on 11/11/13 that revealed degenerative changes and MRI of lumbar spine on 6/11/11 that revealed degeneration disc disease, disc bulge, foraminal stenosis and facet arthropathy; X-ray of the lumbar spine on 11/11/13 that revealed spondylosis and degenerative changes. The medication list include Norco. The patient's surgical history include right hip arthroscopy. Other therapy done for this injury was not specified in the records provided.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Ap lateral flexion and extension x-rays of the cervical spine:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Radiograph of the neck, Indications for imaging-X-rays (AP, lateral, etc.).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back (updated 06/25/15) Radiography (x-rays).

**Decision rationale:** Request: AP lateral flexion and extension x-rays of the cervical spine. Per the ACOEM chapter, 8 guidelines cited below "For most patients presenting with true neck or upper back problems, special studies are not needed unless a three or four week period of conservative care and observation fails to improve symptoms. Most patients improve quickly, provided any red-flag conditions are ruled out. Criteria for ordering imaging studies are: Emergence of a red flag; Physiologic evidence of tissue insult or neurologic dysfunction; Failure to progress in a strengthening program intended to avoid surgery; Clarification of the anatomy prior to an invasive procedure." He was diagnosed with multi-level lumbosacral disc degeneration with bulging, lumbar and cervical stenosis, spondylosis and stenosis with radiculopathy, and right hip labral tear. On 7/24/15, the injured worker complained of chronic persistent low back and neck pain radiating into the bilateral lower extremities. He noted increased neck pain radiating into the shoulders and had difficulty sleeping secondary to the constant pain. Physical examination of the cervical spine revealed tenderness on palpation, limited range of motion and decreased sensation in C-5 distribution. Patient has received an unspecified number of PT visits for this injury. Cervical spine X-ray was requested to aid in patient management. The request for the Ap lateral flexion and extension x-rays of the cervical spine is medically necessary and appropriate for this patient at this time.

### **Ap lateral flexion and extension x-rays of the lumbar spine:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Radiography lumbar spine, Indications for imaging-Plain 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 (updated 07/17/15) Flexion/extension imaging studies Radiography (x-rays).

**Decision rationale:** Ap lateral flexion and extension x-rays of the lumbar spine. Per the ACOEM guidelines cited below, "Lumbar spine x rays... may be appropriate when the physician believes it would aid in patient management." He was diagnosed with multi-level lumbosacral disc degeneration with bulging, lumbar and cervical stenosis, spondylosis and stenosis with radiculopathy, and right hip labral tear. On 7/24/15, the injured worker complained of chronic

persistent low back and neck pain radiating into the bilateral lower extremities. He was noted to have limited range of motion with flexion and extension of the lower back. Physical examination of the lumbar spine revealed positive SLR, normal gait, limited range of motion and 4/5 strength. Lumbar spine X-ray was requested to aid in patient management. The request for the Ap lateral flexion and extension x-rays of the lumbar spine is medically necessary and appropriate for this patient at this time.

**MRI scan of the lumbar spine without contrast:** 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 12 Low Back Complaints Page(s): 303-304. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment in Workers' Comp., online Edition Chapter: Low Back (updated 07/17/15) MRIs (magnetic resonance imaging).

**Decision rationale:** MRI scan of the lumbar spine without contrast. Per the ACOEM low back guidelines cited below "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 and who would consider surgery an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. Indiscriminant imaging will result in false-positive findings, such as disk bulges, that are not the source of painful symptoms and do not warrant surgery. If physiologic evidence indicates tissue insult or nerve impairment, the practitioner can discuss with a consultant the selection of an imaging test to define a potential cause (magnetic resonance imaging [MRI] for neural or other soft tissue, computed tomography [CT] for bony structures)." ACOEM/MTUS guideline does not address a repeat MRI. Hence ODG is used. Per ODG low back guidelines cited below, "Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (eg, tumor, infection, fracture, neurocompression, recurrent disc herniation)." The patient has had X-ray of the cervical spine on 11/11/13 that revealed degenerative changes and MRI of lumbar spine on 6/11/11 that revealed degeneration disc disease, disc bulge, foraminal stenosis and facet arthropathy; X-ray of the lumbar spine on 11/11/13 that revealed spondylosis and degenerative changes. Patient did not have evidence of severe or progressive neurologic deficits that are specified in the records provided. Any finding indicating red flag pathologies were not specified in the records provided. The history or physical exam findings did not indicate pathology including cancer, infection, or other red flags. Details of recent PT or other type of therapy done since date of injury was not specified for this injury. A detailed response to complete course of conservative therapy including PT visits was not specified in the records provided. Previous PT visit notes were not specified in the records provided. A plan for an invasive procedure of the lumbar spine was not specified in the records provided. A recent lumbar spine X-ray report was not specified in the records specified. The MRI scan of the lumbar spine without contrast is not medically necessary for this patient.