

Case Number:	CM15-0140949		
Date Assigned:	07/30/2015	Date of Injury:	05/01/2014
Decision Date:	09/02/2015	UR Denial Date:	06/29/2015
Priority:	Standard	Application Received:	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: 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:

This 34 year old male sustained an industrial injury to the low back on 5-1-14. Previous treatment included physical therapy, acupuncture and medications. Electromyography and nerve conduction velocity test bilateral lower extremities (6-12-14) showed L5 radiculopathy. In a qualified medical evaluation dated 5-13-15, the injured worker reported that magnetic resonance imaging of the spine had been obtained following the injury; however, the injured worker did not recall the findings or dates. In a PR-2 dated 4-6-15, the injured worker complained of lumbar spine pain with radiation from the buttock into the left leg and foot, rated 7 to 8 out of ten on the visual analog scale, associated with numbness and tingling. Physical exam was remarkable for lumbar spine with tenderness to palpation along the lumbar spine paraspinal musculature with spasms and tightness, decreased range of motion and positive bilateral straight leg raise. Current diagnoses included lumbar spine sprain and strain, thoracic spine sprain and strain, cervical spine sprain and strain, symptoms of gastritis and symptoms of insomnia. The treatment plan included requesting authorization for a positional magnetic resonance imaging of the lumbar spine.

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 with flexion and extension views: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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-Lumbar and Thoracic Chapter, under MRIs Low Back & Lumbar and Thoracic Chapter, under Flexion/extension imaging studies.

Decision rationale: The patient was injured on 05/01/14 and presents with lumbar spine pain and thoracic spine pain with pain radiating to the lower extremities in the form of sharp and stabbing pain along with numbness and tingling in the legs. The request is for MRI OF THE LUMBAR SPINE WITH FLEXION AND EXTENSION VIEWS due to severe pain. The utilization review determination letter did not provide a rationale. There is no RFA provided and the patient is on temporarily totally disabled until 07/13/15. The 06/25/14 MRI of the lumbar spine revealed that the patient had unremarkable findings. For special diagnostics, ACOEM Guidelines page 303 states, "Unequivocal and equivocal objective findings that identified specific nerve compromise on neurological examination or sufficient evidence to warrant imaging in patient who did not respond well to retreatment and who could consider surgery an option. Neurological examination is less clear; however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study." ODG Guidelines, Low Back and Lumbar and Thoracic Chapter, under MRIs states that "MRIs are tests of choice for patients with prior back surgery, but for uncomplicated low back with radiculopathy, not recommended until at least 1 month of conservative care, sooner if severe or progressive neurologic deficit." ODG Guidelines, Low Back- Lumbar and Thoracic Chapter, under Flexion/extension imaging studies states: "Not recommended as a primary criteria for range of motion. An inclinometer is the preferred device for obtaining accurate, reproducible measurements. See Range of motion (ROM); Flexibility. For spinal instability, may be a criteria prior to fusion, for example in evaluating symptomatic spondylolisthesis when there is consideration for surgery." The patient is diagnosed with lumbar spine strain/sprain, thoracic spine strain/sprain, cervical spine strain/sprain, gastritis, and insomnia. The 06/01/15 report states that he has a limited lumbar spine range of motion, a positive straight leg raise (left greater than right eliciting pain in the L5- S1 dermatome distribution), and tenderness to palpation along the lumbar paraspinal musculature with paraspinal spasms and tightness. These physical exam findings are the same as the exam findings provided on the 07/02/14 progress report. The patient had a prior MRI of the lumbar spine on 06/25/14 with unremarkable findings. In this case, there are no new injuries, no significant change on examination findings, no bowel/bladder symptoms, or new location of symptoms to warrant an updated MRI. Therefore, the requested repeat MRI of the lumbar spine IS NOT medically necessary. NOTE: Per 06/18/15 MRI of the lumbar spine, the patient presents with suspected annular fissure along the posterior margin of the L5-S1 disc and minimal diffuse disc bulge at L4-L5 without significant spinal canal stenosis. It appears that the repeat MRI of the lumbar spine has been taken prior to authorization.