

Case Number:	CM15-0160993		
Date Assigned:	08/27/2015	Date of Injury:	02/18/1987
Decision Date:	10/02/2015	UR Denial Date:	07/22/2015
Priority:	Standard	Application Received:	08/17/2015

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 72 year old female, who sustained an industrial injury on February 18, 1987. Treatment to date has included pain medications, topical pain medications, right lumbar laminectomy and discectomy, and diagnostic imaging. Currently, the injured worker complains of pain which is centered in the lumbosacral region and radiates to the low thoracic spine and bilateral inner legs to the level of her feet. She reports burning pain in her feet and lower legs due to reflex sympathetic dystrophy. Using gel socks help to reduce pressure, friction and neuropathic pain in her feet. Her pain interferes with her activities such as gardening and lifting items. She uses lidocaine topical analgesic and an AFO brace to relieve her symptoms and notes that her medications allow her to complete activities of daily living and home chores. On physical examination the injured worker has a decreased lumbar lordosis. She has increased tenderness to palpation of the bilateral femoral nerves and increased tenderness in the mid-buttock, piriformis and sciatic nerve complete. She has increased tenderness to palpation in the lumbar paraspinal region bilaterally and decreased lumbar range of motion. The injured worker has positive bilateral straight leg raise and abnormal bilateral toe-heel walking. The diagnoses associated with the request include chronic intractable pain syndrome, reflex sympathetic dystrophy of the bilateral lower extremities, low back pain, lumbar radiculopathy and post-laminectomy syndrome of the lumbar region. The treatment plan includes continued lidocaine-prilocaine 2.5-2.5% topical cream, continued Wellbutrin and Percocet, home exercise program, heat-ice therapy, MRI of the lumbar spine and thoracic spine x-rays.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI lumbar: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Indications for magnetic resonance imaging.

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) Low back chapter, under MRIs.

Decision rationale: The current request is for an MRI lumbar. The RFA is dated 07/16/15. Treatment to date has included pain medications, topical pain medications, right lumbar laminectomy and discectomy (1994), and diagnostic imaging. The patient is not 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, Low back chapter, MRIs (magnetic resonance imaging) (L-spine) state that "for uncomplicated back pain MRIs are recommended for radiculopathy following at least one month of conservative treatment." ODG Guidelines do not support MRIs unless there are neurologic signs/symptoms present. "Repeat MRIs are indicated only if there has been progression of neurologic deficit." ODG guidelines further states that 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). Per report 07/16/15, the patient reports pain in the lumbosacral region that radiates to the lower thoracic spine and bilateral inner legs to her feet. Physical examination revealed increased tenderness to palpation of the bilateral femoral nerves and increased tenderness in the mid-buttock, piriformis and sciatic nerve. She has increased tenderness to palpation in the lumbar paraspinal region bilaterally and decreased lumbar range of motion. There is positive bilateral straight leg raise and abnormal bilateral toe-heel walking noted. The treater would like an MRI of the lumbar spine and x-rays of the upper back as the patient continues with pain since March 2015 after lifting a 40lbs printer. The patient has a date of injury of 1987 and presents with a flare up after lifting something heavy. Prior MRI report from 07/16/14, revealed moderate disc bulges and stenosis throughout the lumbar spine. Review of progress reports dating back to 2014 continually note the same subjective complaints of low back pain with radicular symptoms down the bilateral legs and into her feet. There is no significant change in symptoms or examination findings to warrant a repeat MRI. This request IS NOT medically necessary.

Thoracic X-rays, upper back area: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Indications for plain X-rays.

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 and Upper back chapter, under Radiography.

Decision rationale: The current request is for Thoracic X-rays, upper back area. The RFA is dated 07/16/15. Treatment to date has included pain medications, topical pain medications, right lumbar laminectomy and discectomy (1994), and diagnostic imaging. The patient is not working. ACOEM guidelines on special studies for C-spine (p177,178) states radiography of the c-spine is not recommended except for indications including, emergence of a red flag, physiologic evidence of tissue insult or neurologic dysfunction, failure to progress in a strengthening program, and clarification of the anatomy prior to an invasive procedure. ODG, Neck and Upper back chapter, under Radiography (x-rays) has the following: Not recommended except for indications below. Patients who are alert, have never lost consciousness, are not under the influence of alcohol and/or drugs, have no distracting injuries, have no cervical tenderness, and have no neurologic findings, do not need imaging. Patients who do not fall into this category should have a three-view cervical radiographic series followed by computed tomography... There is little evidence that diagnostic procedures for neck pain without severe trauma or radicular symptoms have validity and utility. Per report 07/16/15, the patient reports pain in the lumbosacral region that radiates to the lower thoracic spine and bilateral inner legs to her feet. Physical examination revealed increased tenderness to palpation of the bilateral femoral nerves and increased tenderness in the mid-buttock, piriformis and sciatic nerve. She has increased tenderness to palpation in the lumbar paraspinal region and decreased lumbar range of motion. There is positive bilateral straight leg raise and abnormal bilateral toe-heel walking noted. The treater would like an MRI of the lumbar spine and x-rays of the upper back as the patient continues with pain since March 2015 after lifting a 40lbs printer. The patient has a date of injury of 1987 and presents with a flare up after lifting something heavy. There is no indication of prior x-rays of the thoracic spine; however, the patient presents with lower extremity issues and no indication of pain or neurological deficits effecting the upper back. Therefore, the request IS NOT medically necessary.