

Case Number:	CM15-0188182		
Date Assigned:	09/30/2015	Date of Injury:	10/11/2012
Decision Date:	11/16/2015	UR Denial Date:	08/25/2015
Priority:	Standard	Application Received:	09/24/2015

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:

This 64 year old female sustained an industrial injury on 10-11-12. Documentation indicated that the injured worker was receiving treatment for low back pain. Previous treatment included in a visit noted dated 7-14-15, the injured worker complained of persistent low back pain, rated 8 out of 10 on the visual analog scale with radiation to the left lower extremity associated with numbness, tingling, weakness and swelling and locking of the knee. The injured worker reported that she could only tolerate walking for 15 minutes. The injured worker had poor tolerance for sitting as it "irritated her back and triggered pain". The injured worker had difficulty sleeping and reported ongoing episodes of balance loss when walking. Physical exam was remarkable for trigger points palpated in the gluteus maximus, lumbar region and trochanteric region bilaterally with painful and "limited" lumbar spine range of motion, "decreased" sensation to light touch in the left lower extremity and positive sacroiliac joint compression test. The physician noted that the most recent magnetic resonance imaging (2013) showed neuroforaminal stenosis at L4-5 and L5-1 with nerve root impingement and disc protrusion at L3. The physician was requesting an updated magnetic resonance imaging to determine progression of pathology and have the injured worker be seen by a surgical spine specialist. The physician also requested a spinal Q dynamic support vest to help the injured worker maintain adequate posture to the lumbar region and reduce inflammation and irritation to the soft tissue surrounding the nerve roots. On 8-25-15, Utilization Review modified a request for a Spinal Q Dynamic support vest to an over the counter lumbar support belt and denied a request for a repeat lumbar magnetic resonance imaging. The medication list includes Colace, Lyrica, naproxen and Tramadol. Per the note dated

9/10/15 the patient had complaints of low back pain with numbness and tingling in lower extremity at 8/10. Physical examination of the lumbar spine revealed positive facet and SI joint compression test, limited range of motion and antalgic gait. The patient has had history of anxiety and depression. The patient's surgical history includes left ankle surgery. The patient had received an unspecified number of PT visits for this injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

Magnetic resonance imaging (MRI) of the lumbar spine: Overturned

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - MRIs (magnetic resonance imaging).

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment in Workers' Comp., online Edition Low Back (updated 09/22/15) MRIs (magnetic resonance imaging).

Decision rationale: Per the ACOEM, low back guidelines cited "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." ACOEM/MTUS guideline does not address a repeat MRI. Hence, ODG is used. Per ODG low back guidelines cited, "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)." The physician noted that the most recent magnetic resonance imaging (2013) showed neuroforaminal stenosis at L4-5 and L5-1 with nerve root impingement and disc protrusion at L3. Records of a visit note dated 7-14-15, stated that the injured worker complained of persistent low back pain, rated 8 out of 10 on the visual analog scale with radiation to the left lower extremity associated with numbness, tingling, weakness and swelling and locking of the knee. The injured worker had difficulty sleeping and reported ongoing episodes of balance loss when walking. Physical exam was remarkable for, "decreased" sensation to light touch in the left lower extremity and positive sacroiliac joint compression test. Per the note dated 9/10/15, the patient had complaints of low back pain with numbness and tingling in lower extremity at 8/10. Physical examination of the lumbar spine revealed an antalgic gait. Therefore, the patient has chronic pain with neurological symptoms and significantly abnormal neurological objective findings. There is a possibility of significant neurocompression in the lumbar area. There is a significant change in symptoms since the last MRI. A MRI of the lumbar spine would be appropriate to evaluate the symptoms further and to rule out any red flag pathology. The Magnetic resonance imaging (MRI) of the lumbar spine is medically appropriate and necessary for this patient.

Spinal Q dynamic support vest: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar Support.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Physical Methods. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back (updated 09/22/15) Lumbar supports.

Decision rationale: Per the ACOEM guidelines cited, "Lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief". In addition per the ODG cited below regarding lumbar supports/brace, "Prevention: Not recommended for prevention. There is strong and consistent evidence that lumbar supports were not effective in preventing neck and back pain Treatment: Recommended as an option for compression fractures and specific treatment of spondylolisthesis, documented instability, and for treatment of nonspecific LBP (very low-quality evidence, but may be a conservative option). Under study for post-operative use; see Back brace, post operative (fusion)." The patient has received an unspecified number of PT visits for this injury. A detailed response to prior conservative therapy was not specified in the records provided. The prior conservative therapy notes were not specified in the records provided. Evidence of diminished effectiveness of medications to medications was not specified in the records provided. There is no evidence of instability, spondylolisthesis, lumbar fracture or recent lumbar surgery. The medical necessity of the request for Spinal Q dynamic support vest is not fully established; therefore, this request is not medically necessary.