

Case Number:	CM15-0191304		
Date Assigned:	10/05/2015	Date of Injury:	10/22/2007
Decision Date:	11/10/2015	UR Denial Date:	09/11/2015
Priority:	Standard	Application Received:	09/29/2015

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, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 male individual who sustained an industrial injury on 10-22-07. The medical records indicate that the injured worker is being treated for midline low back pain with left sided sciatica; degeneration of lumbosacral intervertebral disc. He currently (8-25-15) complains of constant, throbbing, sharp pain in the left upper gluteal region with radiation to the left leg with pins and needles over the ankle, his pain level is 5-7 out of 10 with medication and 10 out of 10 without medication; constant, tearing right shoulder pain and pain in the ulnar aspect of the right palm; right knee pain (6 out of 10). He reports 70% back pain and 30% leg pain. His activities of daily living have improved and he is able to do more household chores, exercise more frequently, he is doing yoga and Pilates. He had an abnormal electromyography-nerve conduction study showing chronic left L4-5 radicular injury and subclinical peripheral neuropathy; MRI of the lumbar spine (1-5-08 and 10-6-10) mild wedge compression fracture at T12, small disc bulges at L 1-2, L2-3, L3-4 and L4-5; x-ray of the lumbar spine (10-25-07). He has been treated with sacroiliac joint injection (11-1-12) without relief; left L5 caudal epidural steroid injection (8-3-12) with relief; medications: Percocet, MS Contin, with benefit, Xanax, Zoloft, Cymbalta, Neurontin; physical therapy completed; transcutaneous electrical nerve stimulator unit; heat; ice. The request for authorization was not present. On 9-11-15 Utilization review non-certified the requests for MRI of the lumbar spine; x-ray flexion and extension of the spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI with contrast of lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic) MRIs (magnetic resonance imaging).

Decision rationale: The injured worker sustained a work related injury on 10-22-07. The medical records indicate that the injured worker is being treated for midline low back pain with left sided sciatica; degeneration of lumbosacral intervertebral disc. Treatments have included sacroiliac joint injection (11-1-12) without relief; left L5 caudal epidural steroid injection (8-3-12) with relief; medications: Percocet, MS Contin, with benefit, Xanax, Zoloft, Cymbalta, Neurontin; physical therapy completed; transcutaneous electrical nerve stimulator unit; heat; ice. The medical records provided for review do not indicate a medical necessity for MRI with contrast of lumbar spine. The medical records indicate the injured worker has remained stable since 03/2015 the earliest provided records. The MTUS recommends against routine imaging studies, but states that that 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. The Medical records indicate the injured worker did a Lumbar MRI, but the records do not indicate there have been much changes since then. While the MRI is silent on repeat MRI, the Official Disability Guidelines recommends against repeat Lumbar MRI except when there is significant change in symptoms and/or findings suggestive of significant pathology (e.g., tumor, infection, fracture, neurocompression, recurrent disc herniation).

X-Ray flexion and extension of spine: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic) Radiography (x-rays).

Decision rationale: The injured worker sustained a work related injury on 10-22-07. The medical records indicate that the injured worker is being treated for midline low back pain with left sided sciatica; degeneration of lumbosacral intervertebral disc. Treatments have included sacroiliac joint injection (11-1-12) without relief; left L5 caudal epidural steroid injection (8-3-12) with relief; medications: Percocet, MS Contin, with benefit, Xanax, Zoloft, Cymbalta, Neurontin; physical therapy completed; transcutaneous electrical nerve stimulator unit; heat; ice. The medical records provided for review do not indicate a medical necessity for X-Ray flexion and extension of spine. The medical records indicate the injured worker has remained stable since 03/2015 the earliest available records. The MTUS recommends that Lumbar spine

x-rays should not be recommended in patients with low back pain in the absence of red flags for serious spinal pathology, even if the pain has persisted for at least six weeks. However, it may be appropriate when the physician believes it would aid in patient management. The Medical records indicate the injured worker did an X-ray in 2007. The records do not indicate the injured worker has had Lumbar trauma since then. Therefore, the requested test is not medically necessary. The Official Disability Guidelines states that Lumbar spine radiography should not be recommended in patients with low back pain in the absence of red flags for serious spinal pathology, even if the pain has persisted for at least 6 weeks. This guidelines criteria for Lumbar X-ray are: Thoracic spine trauma: severe trauma, pain, no neurological deficit; Thoracic spine trauma: with neurological deficit; Lumbar spine trauma (a serious bodily injury): pain, tenderness; Lumbar spine trauma: trauma, neurological deficit; Lumbar spine trauma: seat belt (chance) fracture; Uncomplicated low back pain, trauma, steroids, osteoporosis, over 70; Uncomplicated low back pain, suspicion of cancer, infection; Myelopathy (neurological deficit related to the spinal cord), traumatic; Myelopathy, painful; Myelopathy, sudden onset; Myelopathy, infectious disease patient; Myelopathy, oncology patient; Post-surgery: evaluate status of fusion