

Case Number:	CM15-0021507		
Date Assigned:	02/11/2015	Date of Injury:	07/04/2010
Decision Date:	03/27/2015	UR Denial Date:	01/27/2015
Priority:	Standard	Application Received:	02/04/2015

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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & Gen Prev Med

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 is a male injured worker who sustained an industrial injury on July 4, 2010. The mechanism of injury is unknown. The diagnoses have included lumbar strain, lumbar disc degeneration, grade I anterolisthesis of the L5-S1 and degenerative disc disease at L4-L5 and L5-S1. Treatment to date has included medication, TENS unit and home exercise. Currently, the injured worker complains of extreme aggravation of pain in the lumbar spine, at times becoming unbearable. He continues to feel the radiation of pain going down both right and left leg as well as the feeling of numbness, tingling, cramps and weakness in the legs. His medication is helping the pain go down to about a 3-4 on a 0-10 pain scale. Physical examination revealed tenderness on the right side of the cervical spine. Range of motion was somewhat restricted in flexion, extension and side-side tilt. On January 27, 2015 Utilization Review non-certified an MRI and x-ray of the lumbar spine, noting the Official Disability Guidelines. On February 4, 2015, the injured worker submitted an application for Independent Medical Review for review of MRI and x-ray 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: 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)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287-315. Decision based on Non-MTUS Citation Low Back - Lumbar & Thoracic (Acute & Chronic), MRIs (magnetic resonance imaging)

Decision rationale: MTUS and ACOEM recommend MRI, in general, for low back pain when cauda equine, tumor, infection, or fracture are strongly suspected and plain film radiographs are negative, MRI test of choice for patients with prior back surgery ACOEM additionally recommends against MRI for low back pain before 1 month in absence of red flags. ODG states, Imaging is indicated only if they have severe progressive neurologic impairments or signs or symptoms indicating a serious or specific underlying condition, or if they are candidates for invasive interventions. Immediate imaging is recommended for patients with major risk factors for cancer, spinal infection, cauda equina syndrome, or severe or progressive neurologic deficits. Imaging after a trial of treatment is recommended for patients who have minor risk factors for cancer, inflammatory back disease, vertebral compression fracture, radiculopathy, or symptomatic spinal stenosis. Subsequent imaging should be based on new symptoms or changes in current symptoms. The medical notes provided did not document (physical exam, objective testing, or subjective complaints) any red flags, significant worsening in symptoms or other findings suggestive of the pathologies outlined in the above guidelines. As such, the request for MRI of the lumbar spine is not medically necessary.

Lumbar spine x-ray: 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)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287-315. Decision based on Non-MTUS Citation Low Back - Lumbar & Thoracic (Acute & Chronic), Radiography (x-rays)

Decision rationale: ACOEM and ODG both agree 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. The medical notes provided did not document (physical exam, objective testing, or subjective complaints) any red flags for serious spinal pathology or other findings suggestive of the pathologies outlined in the ODG guidelines. ODG additionally states that it may be appropriate when the physician believes it would aid in patient management. The treating physician also does not indicate how the x-ray would aid in patient management. ODG further specifies other indications for imaging with Plain X-rays: 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. The treating physician does not indicate any concerns for the above ODG pathologies. As such, the request for Lumbar spine x-ray is not medically necessary.