MAXIMUS Federal Services

Case Number:	CM15-0027631		
Date Assigned:	02/20/2015	Date of Injury:	09/27/2006
Decision Date:	04/07/2015	UR Denial Date:	01/15/2015
Priority:	Standard	Application Received:	02/13/2015

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 60 year old female sustained a work related injury on 09/27/2006. According to a progress report dated 01/06/2015, the injured worker presented with back pain. She was diagnosed with trochanteric bursitis and mild spinal stenosis. She received multiple injections including sacroiliac epidural and sacral nerve root over the years. Pain was located in the lumbar region and was severe and fluctuated in intensity. Pain radiated to the lower extremities. The provider noted that the review of the MRI of the hip suggested trochanteric bursitis. He did not have the radiology report. There was a prior radiology report of a MRI of the lumbar spine from 2012 suggesting mild spinal stenosis. He did not have those images. Diagnoses included low back pain and left leg pain. Plan of care included an updated MRI of the lumbar spine as well as radiographs. On 01/15/2015, Utilization Review non-certified MRI of the lumbar spine without contrast quantity 1, x-ray of the lumbar spine, standing AP lateral quantity 1 and follow up after MRI/ x-ray with a spine orthopedic surgeon, quantity 1. According to the Utilization Review physician, the medical record did not indicate progressive neurologic deterioration, myelopathy or spinal instability, any progressive clinical change that indicated a new pathology, a clear cut treatment plan that had been instituted and no description of failure of conservative treatment. Guidelines referenced included CA MTUS ACOEM, Low Back Complaints and Follow-up Visits. The decision was appealed for an Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI (magnetic resonance imaging) of the lumbar spine without contrast, QTY: 1: Upheld

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

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 Low back chapter, MRI.

Decision rationale: The patient presents with lower back pain rated 9/10 which radiates into the bilateral lower extremities. The patient's date of injury is 09/27/06. Patient has no documented surgical history directed at this complaint. The request is for MRI OF THE LUMBAR SPINE WITHOUT CONTRAST QTY 1. The RFA was not provided. Physical examination dated 01/06/15 reveals non-tender lumbar spinous processes, non-tender lumbar paraspinal muscles, negative straight leg raise test bilaterally, and reduced patellar reflexes bilaterally. Neurological and range of motion examinations are within normal limits. The patient is currently prescribed Cetrizine, Ibuprofen, and Pantoprazole. Diagnostic imaging was not included. Patient is retired. 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 do not support MRIs unless there are neurologic signs/symptoms present. Repeat MRIs are indicated only if there has been progression of neurologic deficit." In regards to the request for an MRI of the lumbar spine, treater has not provided unequivocal evidence of neurological findings to support such imaging. Review of the reports do not include a prior MRI but there is a reference to an MRI from 2012 showing spinal stenosis. While this patient complains of pain which radiates into the bilateral lower extremities, progress note dated 01/06/15 reveals otherwise normal lumbar examination findings other than reduced patellar reflexes bilaterally. There has been no progression of neurologic findings; no new injury; no anticipated surgery; no red flags to warrant an updated MRI. Therefore, the request IS NOT medically necessary. In regards to the request for an MRI of the lumbar spine, treater has not provided unequivocal evidence of neurological findings to support such imaging. Review of the reports do not include a prior MRI but there is a reference to an MRI from 2012 showing spinal stenosis. While this patient complaints of pain which radiates into the bilateral lower extremities, progress note dated 01/06/15 reveals otherwise normal lumbar examination findings, other than reduced patellar reflexes bilaterally. There has been no progression of neurologic findings; no new injury; no anticipated surgery; no red flags to warrant an updated MRI. Therefore, the request IS NOT medically necessary.

X-ray of the lumbar spine, standing AP lateral, QTY: 1: 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 Low Back - Lumbar & Thoracic Chapter under Radiography.

Decision rationale: The patient presents with lower back pain rated 9/10 which radiates into the bilateral lower extremities. The patient's date of injury is 09/27/06. Patient has no documented surgical history directed at this complaint. The request is for XRAY OF THE LUMBAR SPINE STANDING AP LATERAL QTY 1. The RFA was not provided. Physical examination dated 01/06/15 reveals nontender lumbar spinous processes, nontender lumbar paraspinal muscles, negative straight leg raise test bilaterally, and reduced patellar reflexes bilaterally. Neurological and range of motion examinations are within normal limits. The patient is currently prescribed Cetrizine, Ibuprofen, and Pantoprazole. Diagnostic imaging was not included. Patient is retired. ODG-TWC, Low Back - Lumbar & Thoracic Chapter under Radiography states: Not recommend routine x-rays in the absence of red flags. Indications for imaging; Plain X-rays: - Thoracic spine trauma: severe trauma, pain, no neurological deficit. Thoracic spine trauma: with neurological deficit." In this case, the progress reports do not document prior x-ray of the lumbar spine. The request is noted in progress report dated 01/06/14, where treater explains that the reason for requesting the X-ray is that previous imaging is no longer available. However, physical examination of the lumbar spine is unremarkable. ODG guidelines do not recommend radiography to patients with back pain in the absence of red flags, severe trauma pain or neurorogical deficit, which have not been mentioned. The request does not meet guideline indications. Therefore, the request IS NOT medically necessary.

Follow-up after MRI, X-ray with a spine orthopedic surgeon, QTY: 1: 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 ACOEM Practice Guidelines, 2nd Edition (2004), Independent medical examination and consultations. Ch: 7 page 127.

Decision rationale: The patient presents with lower back pain rated 9/10 which radiates into the bilateral lower extremities. The patient's date of injury is 09/27/06. Patient has no documented surgical history directed at this complaint. The request is for FOLLOW-UP AFTER MRI X-RAY WITH A SPINE ORTHOPEDIC SURGEON QTY 1. The RFA was not provided. Physical examination dated 01/06/15 reveals nontender lumbar spinous processes, nontender lumbar paraspinal muscles, negative straight leg raise test bilaterally, and reduced patellar reflexes bilaterally. Neurological and range of motion examinations are within normal limits. The patient is currently prescribed Cetrizine, Ibuprofen, and Pantoprazole. Diagnostic imaging was not included. Patient is retired. ACOEM Practice Guidelines, 2nd Edition 2004, Chapter 7, page 127 states: "The occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. An independent medical assessment also may be useful in avoiding potential conflict of interest when analyzing causation or when prognosis, degree of impairment, or work capacity requires clarification." In regards to the

surgical consultation, the treater has not provided a reason for the request or discussed anticipated surgical procedure. The patient suffers from chronic lower back pain; though progress report dated 01/06/15 does not include any red flags or examination findings suggestive of a surgically correctable pathology. The same progress note recommends follow up with surgeon after imaging is completed. As stated above, the requested imaging is not substantiated owing to a lack of guideline support. Therefore, the requested surgical consultation IS NOT medically necessary. In regards to the surgical consultation, the treater has not provided a reason for the request or discussed anticipated surgical procedure. The patient suffers from chronic lower back pain, though progress report dated 01/06/15 does not include any red flags or examination findings suggestive of a surgically correctable pathology. The same progress note recommends follow up with surgeon after imaging is completed. As stated above, the requested imaging is not substantiated owing to a lack of guideline support. Therefore, the requested surgical consultation IS NOT medically necessary.