

Case Number:	CM15-0215926		
Date Assigned:	11/05/2015	Date of Injury:	08/08/2015
Decision Date:	12/30/2015	UR Denial Date:	11/03/2015
Priority:	Standard	Application Received:	11/03/2015

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, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 46 year old female, who sustained an industrial injury on 8-8-2015. The medical records indicate that the injured worker is undergoing treatment for cervical and lumbar spine sprain-strain. According to the progress report dated 10-1-2015, the injured worker presented with complaints of moderate-to-severe neck pain with radiation into both upper extremities in the C5 and C6 distribution primarily. Additionally, she reports moderate-to-severe low back pain with radiation into her bilateral legs in the L4 and L5 distributions. On a subjective pain scale, she rates her pain 9 out of 10. The physical examination of the cervical spine reveals moderate tenderness and spasm over the paraspinal muscles extending into the bilateral trapezius, tenderness to palpation over the C4 through C7 levels, restricted range of motion, positive Spurling's and axial compression test, and decreased sensation over the C5 and C6 dermatomes, bilaterally. Examination of the lumbar spine reveals diffuse tenderness over the paravertebral muscles, moderate facet tenderness over the L4 through S1 levels, limited range of motion, and decreased sensation over the L4 and L5 dermatomes, bilaterally. The current medications are Ibuprofen and Soma. Previous diagnostic studies include x-rays of the neck and back. Treatments to date include medication management, physical therapy, and pain injection. Work status is not indicated. The original utilization review (11-3-2015) had non-certified a request for MRI of the lumbar and cervical spine and LSO brace.

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: Decision based on MTUS Low Back Complaints 2004, Section(s): Diagnostic Criteria, Special Studies.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies, Summary. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) 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 equina, 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.

MRI of the cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Special Studies, Diagnostic Criteria.

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Special Studies, Summary. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back, Magnetic resonance imaging (MRI).

Decision rationale: ACOEM states "Criteria for ordering imaging studies are: Emergence of a red flag, Physiologic evidence of tissue insult or neurologic dysfunction, Failure to progress in a strengthening program intended to avoid surgery and Clarification of the anatomy prior to an invasive procedure." ODG states, "Not recommended except for indications list 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." Indications for imaging MRI (magnetic resonance imaging): Chronic neck pain (= after 3 months conservative treatment), radiographs normal, neurologic signs or symptoms present- Neck pain with radiculopathy if severe or progressive neurologic deficit-

Chronic neck pain, radiographs show spondylosis, neurologic signs or symptoms present
Chronic neck pain, radiographs show old trauma, neurologic signs or symptoms present
Chronic neck pain, radiographs show bone or disc margin destruction-Suspected cervical spine trauma,
neck pain, clinical findings suggest ligamentous injury (sprain), radiographs and/or CT
"normal" Known cervical spine trauma: equivocal or positive plain films with neurological
deficit. Upper back/thoracic spine trauma with neurological deficit. The treating physician has
not provided evidence of red flags to meet the criteria above. As such the request for MRI of the
cervical spine is not medically necessary.

LSO brace: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004,
Section(s): Physical Methods. Decision based on Non-MTUS Citation Official Disability
Guidelines, Low Back, Lumbar Supports.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004,
Section(s): Summary, Physical Methods. Decision based on Non-MTUS Citation Official
Disability Guidelines (ODG) Low Back (Lumbar and Thoracic), Lumbar Support.

Decision rationale: ACOEM states, "Lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief." ODG states, "Not recommended for prevention. Recommended as an option for treatment. See below for indications. Prevention: Not recommended for prevention. There is strong and consistent evidence that lumbar supports were not effective in preventing neck and back pain. (Jellema-Cochrane, 2001) (van Poppel, 1997) (Linton, 2001) (Assendelft-Cochrane, 2004) (van Poppel, 2004) (Resnick, 2005) Lumbar supports do not prevent LBP. (Kinkade, 2007) A systematic review on preventing episodes of back problems found strong, consistent evidence that exercise interventions are effective and other interventions not effective, including stress management, shoe inserts, back supports, ergonomic/back education, and reduced lifting programs. (Bigos, 2009) This systematic review concluded that there is moderate evidence that lumbar supports are no more effective than doing nothing in preventing low-back pain." (van Duijvenbode, 2008) ODG states for use as a treatment. 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).The patient is beyond the acute phase of treatment and the treating physician has provided no documentation of spondylolisthesis or documented instability. As such the request for LSO brace is not medically necessary.