

Case Number:	CM15-0219646		
Date Assigned:	11/12/2015	Date of Injury:	12/29/2010
Decision Date:	12/31/2015	UR Denial Date:	10/30/2015
Priority:	Standard	Application Received:	11/09/2015

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:

The injured worker is a 67 year old male, who sustained an industrial injury on 12-29-2010. Medical records indicate the worker is undergoing treatment for lumbar sprain-strain, severer lumbar degenerative disc disease and moderate stenosis. The only progress report dated 10-19-2015, reported the injured worker complained of more frequent right lower extremity pain and numbness with prolonged activity and sitting. Physical examination revealed lumbosacral and bilateral lumbar facet tenderness, positive straight leg raise test, positive muscle guarding and decreased sensation in the right lower extremity. Treatment to date has included physical therapy and medication management. The physician is requesting lumbar x ray and magnetic resonance imaging. On 10-30-2015, the Utilization Review noncertified the request for lumbar x ray and magnetic resonance imaging.

IMR ISSUES, DECISIONS AND RATIONALES

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

X-ray of the Lumbar Spine: Overturned

Claims Administrator 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).

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 Chapter under Radiography.

Decision rationale: The patient presents with complaints of increase and more frequent right lower radiating pain and numbness. The request is for X-ray of the lumbar spine. The request for authorization form is dated 10/19/15. Patient's diagnoses include lumbar sprain/strain, severe degenerative disc disease; moderate stenosis; spondylosis. Physical examination of the lumbar spine reveals tender lumbosacral and lumbar facets bilaterally. Positive muscle guarding. Positive Kemp's and straight leg raise. Decreased sensation. The patient's work status is not provided. ACOEM ch12, low back chapter, pages 303-305 and Special Studies section: "Special Studies and Diagnostic and Treatment Considerations 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." For special diagnostics, ACOEM Guidelines page 303 states "unequivocal objective findings that identify specific nerve compromise on the neurological examination is sufficient evidence to warrant imaging in patients who do not respond well to treatment and who would consider surgery as an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study." ODG-TWC, Low back Chapter under Radiography states: "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." Per progress report dated 10/19/15, treater's reason for the request is "for current assessment due to worsening sx's." In this case, the treater listed spondylosis as one of the diagnosis and review of provided medical records showed no evidence of a prior X-ray of the lumbar. The request is reasonable and consistent with the guidelines. Therefore, the request IS medically necessary.

MRI of the Lumbar Spine: Upheld

Claims Administrator 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).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic) Chapter, under MRIs (magnetic resonance imaging).

Decision rationale: The patient presents with complaints of increase and more frequent right lower radiating pain and numbness. The request is for MRI of the lumbar spine. The request for authorization form is dated 10/19/15. Patient's diagnoses include lumbar sprain/strain, severe degenerative disc disease; moderate stenosis; spondylosis. Physical examination of the lumbar spine reveals tender lumbosacral and lumbar facets bilaterally. Positive muscle guarding. Positive Kemp's and straight leg raise. Decreased sensation. The patient's work status is not

provided. ODG-TWC Guidelines, Low Back - Lumbar & Thoracic (Acute & Chronic) Chapter, under MRIs (magnetic resonance imaging) Section states, "for uncomplicated back pain MRIs are recommended for radiculopathy following at least one month of conservative treatment." ODG guidelines further state the following regarding MRI's, "Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (eg, tumor, infection, fracture, neurocompression, recurrent disc herniation)." Per progress report dated 10/19/15, treater's reason for the request is "Pt is now interested in invasive procedures, LESI and possibly surgery. As lumb MRI is ~2yrs old RFA repeat lumbar MRI for current assessment of disc legions." Per UR letter dated 10/30/15, reviewer notes, "the patient had an MRI of the lumbar spine on 3/1/11." The MRI imaging report was not provided for review. For an updated or repeat MRI, the patient must present with new injury, red flags such as infection, tumor, fracture or neurologic progression. In this case, the patient does not present with any of these. Therefore, the request IS NOT medically necessary.