

Case Number:	CM15-0223879		
Date Assigned:	11/20/2015	Date of Injury:	03/16/2007
Decision Date:	12/30/2015	UR Denial Date:	11/12/2015
Priority:	Standard	Application Received:	11/13/2015

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: Texas, California
 Certification(s)/Specialty: Family Practice

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 47 year old female patient, who sustained an industrial injury on March 16, 2007, incurring upper and lower back injuries. She was diagnosed with lumbar degenerative disc disease and status post lumbar fusion. Per the doctor's note dated 11/5/2015, she had recent onset of increased low back pain a few weeks ago after a MVA. She had neck pain with radiation to the left upper extremity. She had headache and loss of memory. She has had a lumbar spine x-ray but had not had a MRI. Physical exam revealed numbness on the left C6 and C7, negative straight leg-raising test, 30% decreased lumbar range of motion, cervical and lumbar tenderness and spasm. The medications list includes naproxen, cyclobenzaprine, tramadol. She underwent a lumbar fusion on October 22, 2009. She had a lumbar spine MRI on 5/28/2009, which revealed degenerative disc disease with collapse L5-S1, annular tear and discogenic sclerosis; lumbar spine x-ray in 2012, which revealed probable solid fusion with no acute injury. Treatment included anti-inflammatory drugs, muscle relaxants, pain medications, and activity restrictions. Other therapy done for this injury was not specified in the records provided. The treatment plan that was requested for authorization included an x-ray of the lumbar spine and a Magnetic Resonance Imaging of the lumbar spine. On November 12, 2015, a request for a lumbar x-ray and lumbar Magnetic Resonance Imaging was denied by utilization review.

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 Chapter, Radiography (x-rays) section.

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

Decision rationale: X-ray of the lumbar spine. Per the ACOEM guidelines regarding lumbar x-ray, "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." Per the doctor's note dated 11/5/2015, she had recent onset of increased low back pain a few weeks ago after a MVA. The patient has objective findings on the physical exam- negative straight leg-raising test, 30% decreased lumbar range of motion, cervical and lumbar tenderness and spasm. The patient has history of lumbar spine surgery. It is medically appropriate to perform a lumbar spine x-ray with recent flare up of condition after recent MVA. The request for X-ray of the lumbar spine is medically necessary for this patient.

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 Chapter, MRI's.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Low Back (updated 12/02/15), MRIs (magnetic resonance imaging).

Decision rationale: MRI of the lumbar spine. Per the ACOEM low back guidelines, "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. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. Indiscriminant imaging will result in false-positive findings, such as disk bulges, that are not the source of painful symptoms and do not warrant surgery. If physiologic evidence indicates tissue insult or nerve impairment, the practitioner can discuss with a consultant the selection of an imaging test to define a potential cause (magnetic resonance imaging [MRI] for neural or other soft tissue, computer tomography [CT] for bony structures)." The records provided do not specify any progression of neurological deficits in this patient. She had a lumbar spine MRI on 5/28/2009 which revealed degenerative disc disease with collapse L5-S1, annular tear and discogenic sclerosis. Per the cited guidelines, "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)." A significant change in the patient's condition

since the last MRI that would require a repeat lumbar MRI is not specified in the records provided. Response to recent conservative therapy is not specified in the records provided. A recent lumbar spine x-ray report is not specified in the records provided. The request for MRI of the lumbar spine is not medically necessary for this patient.