MAXIMUS Federal Services

Case Number:	CM15-0049033		
Date Assigned:	03/20/2015	Date of Injury:	06/14/2012
Decision Date:	05/01/2015	UR Denial Date:	02/23/2015
Priority:	Standard	Application Received:	03/16/2015

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: Connecticut, California, Virginia
Certification(s)/Specialty: Preventive Medicine, Occupational 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 sustained an industrial injury on June 14, 2012. The injured worker previously received the following treatments: Norco, Norflex, Naproxen, surgical consultation, random toxicology laboratory studies and physical therapy. The injured worker was diagnosed with lumbar disc herniation, lumbar DDD (degenerative disc disease), post laminectomy syndrome and lumbar spondylolisthesis. According to note of February 4, 2015, the injured worker's chief complaint was back and left shoulder pain. The record noted low back pain that was frequent, aching, and slight. The pain radiated into the left buttocks. The injured worker rated the pain as moderate. There was decreased range of motion noted at the thoracic/lumbar area. A request was made for further diagnostic testing to evaluate the back pain. The treatment plan included an x-ray of the lumbar spine AP, lateral, flexion, and extension views and a lumbar spine MRI.

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 (In AP, lateral, flexion and extension views): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low back/Radiography (X-rays).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back chapter - x-rays.

Decision rationale: Per the guidelines, in the absence of red flags, x-rays are not indicated. Based on the recent provided report (dated 2/4/15) describing maximal medical improvement, while the patient's low back exam is not completely normal, there is no indication for concern warranting plain films to rule out specific pathology at this time (indications would include evidence of acute trauma or concern for cancer, etc.). In this case, based on the provided documents and lack of evidence to support acute need for plain films in a patient with previous imaging studies, the request for x-rays is not medically necessary.

MRI of the lumbar spine (3.0 Tesla): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287-289, 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low back -Lumbar & Thoracic/MRI (magnetic resonance imaging).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back chapter, MRIs.

Decision rationale: The MTUS discusses recommendations for MRI in unequivocal findings of specific nerve compromise on physical exam, in patients who do not respond to treatment, and who would consider surgery an option. In this case, a note dated 2/4/15 describes the patient as having reached maximal medical improvement with a diagnosis of disc herniation without myelopathy. The request (1/21/15) prior to this determination is not supported by the objective exam findings in the subsequent report. The patient is noted to have lumbar paravertebral spasm, etc., but absent red flags or clear indications for surgery, a clear indication for MRI is not supported by the provided documents. The ODG states that repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (e.g., tumor, infection, fracture, neurocompression, recurrent disc herniation). While this patient has a prior history of surgery (25 years ago) recent MRIs have provided insight into her current anatomy and a repeat imaging at this time is unlikely to reveal clinically significant changes. Without further indication for imaging, the request for MRI at this time is not medically necessary per the guidelines.