

Case Number:	CM15-0058719		
Date Assigned:	04/03/2015	Date of Injury:	01/03/1991
Decision Date:	05/04/2015	UR Denial Date:	03/19/2015
Priority:	Standard	Application Received:	03/27/2015

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 62 year old female who sustained an industrial injury on 01/03/1991. Diagnoses include chronic neck pain, abdominal pain, chronic lumbar pain, status post lumbar surgery in 2006, and 2008, and L-4 vertebrae body fracture on 01/19/2015. Treatment to date has included cervical and lumbar surgery, diagnostics, medications, therapy, and injections. A physician progress note dated 03/12/2015 documents the injured worker has continued chronic low back pain which she rates as a 7 out of 10. She has pain to palpation about L4-5 vertebral bodies. Range of motion is painful. She ambulates with a cane. A Toradol injection was given with this visit, which was tolerated well. The treatment plan is for medications, and diagnostic studies. Treatment requested is for Magnetic Resonance Imaging of the lumbar spine; quantity: 1, and X-ray of the lumbar spine; quantity: 1.

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; quantity: 1: Upheld

Claims Administrator 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 (web: updated 3/3/15).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): Chapter 12- Low Back Complaints, Imaging, pages 303-304.

Decision rationale: ACOEM Treatment Guidelines for the Lower Back Disorders, under Special Studies and Diagnostic and Treatment Considerations, states Criteria for ordering imaging studies include Emergence of a red flag; Physiologic evidence of tissue insult or neurologic dysfunction; Failure to progress in a strengthening program intended to avoid surgery; Clarification of the anatomy prior to an invasive procedure, not demonstrated here. Physiologic evidence may be in the form of definitive neurologic findings on physical examination and electro diagnostic studies. Unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist; however, review of submitted medical reports for this chronic injury have not adequately demonstrated the indication for repeating the MRI of the Lumbar spine without any specific changed clinical findings, neurological deficits of red-flag conditions, or progressive deterioration to support this imaging study. When the neurologic examination is less clear, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. The MRI of the lumbar spine; quantity: 1 is not medically necessary and appropriate.

X-ray of the lumbar spine; quantity: 1: Upheld

Claims Administrator 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-Lumbar and Thoracic (web: updated 3/3/15).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): Chapter 12- Low Back Complaints, Imaging, pages 303-304.

Decision rationale: Per ACOEM Treatment Guidelines for the Lower Back Disorders states Criteria for ordering imaging studies such as the requested X-rays of the lumbar spine include Emergence of a red flag; Physiologic evidence of tissue insult or neurologic dysfunction; Failure to progress in a strengthening program intended to avoid surgery; Clarification of the anatomy prior to an invasive procedure. Physiologic evidence may be in the form of definitive neurologic findings on physical examination and electro diagnostic studies. Unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist; however, review of submitted medical reports have not adequately demonstrated the indication for the Lumbar spine x-rays nor document any specific acute change in clinical findings to support this imaging study as reports noted unchanged symptoms of ongoing pain without any progressive neurological deficits. When the neurologic examination is less clear, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. The X-ray of the lumbar spine; quantity: 1 is not medically necessary and appropriate.