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| Case Number: | CM14-0134670 | | |
| Date Assigned: | 08/27/2014 | Date of Injury: | 05/05/2010 |
| Decision Date: | 09/29/2014 | UR Denial Date: | 07/31/2014 |
| Priority: | Standard | Application Received: | 08/21/2014 |

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Illinois. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 47 year old male who reported an injury on 05/05/2010 while turning and twisting an auger. The injured worker was diagnosed with chronic lumbar strain with herniated nucleus pulposus at L4-5 and L5-S1. The injured worker was treated with medications, injections, and therapy. The injured worker had an unofficial MRI on unknown date that showed disc herniation of L5-S1 indicated on physician's note dated 08/19/2014 and an official NCS on 01/19/2012. The injured worker complained of ongoing low back and lower left leg pain. The clinical note dated 07/31/2012 noted the injured worker had no tenderness or spasms and mobility was excellent with flexion at 60 degrees, extension at 20 degrees, and right and left lateral bending at 25 degrees. The injured worker's sensory exam was normal. The injured worker was prescribed ambien CR and flexeril 10mg at bedtime, norco 7.5/325 mg 3 times a day, and Lidoderm 5% patch indicated on the clinical note dated 07/30/2012. The treatment plan was for x-ray of the lumbar spine (full) including bending views, lower back MRI w/o contrast of the lumbar spine. The rationale for the request was to return to neurosurgeon for reevaluation. The request for authorization was submitted for review on 08/21/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

X-RAY X-RAY OF THE LUMBAR SPINE (FULL) INCLUDING BENDING VIEWS, LOWER BACK MRI W/O CONTRAST OF THE LUMBAR SPINE: Upheld

Claims Administrator 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).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305, 308-310. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, MRIs.

Decision rationale: The request for x-ray of the lumbar spine (full) including bending views, lower back MRI w/o contrast of the lumbar spine is not medically necessary. The injured worker is diagnosed with chronic lumbar strain with HNP at L4-L5. The injured worker complains of ongoing low back and lower left leg pain. The California MTUS/ACOEM guidelines state 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. However, it may be appropriate when the physician believes it would aid in patient management. The guidelines state, 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. MRI is recommended when cauda equina, tumor, infection, or fracture are strongly suspected and plain film radiographs are negative. MRI is the test of choice for patients with prior back surgery. The guidelines state using imaging tests before 1 month in the absence of red flags is not recommended. The Official Disability Guidelines state 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). There is a lack of documentation which demonstrates that conservative care has failed to provide relief. Within the provided documentation the results and date of the prior MRI are not indicated. The physician ordered an MRI so that the injured worker could be reevaluated by a neurosurgeon. The medical records lack indication of a significant change in symptoms or findings which indicate significant pathology. The injured worker's sensation was intact to all dermatomes, deep tendon reflexes were noted as symmetrically brisk at 2+, and motor strength was noted as normal. There is a lack of documentation of significant findings of neurologic deficit upon physical examination. As such, the request for x-ray x-ray of the lumbar spine (full) including bending views, lower back MRI w/o contrast of the lumbar spine is not medically necessary.