

Case Number:	CM14-0144391		
Date Assigned:	09/12/2014	Date of Injury:	06/02/2000
Decision Date:	10/15/2014	UR Denial Date:	09/02/2014
Priority:	Standard	Application Received:	09/05/2014

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 Occupational Medicine and is licensed to practice in California. 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 application for independent medical review was signed on September 5, 2014. It was for x-ray AP, lateral, flexion-extension views which were medically denied. The lumbar spine MRI also was denied. This patient had a cervical myofascial strain, resolved sprain of both knees and a herniated lumbar disc reported at the left side of L4-L5. The injury occurred 14 years ago. He tripped and fell sustaining pain in the cervical spine, both knees and the lumbar spine. The doctor started treating him for this acute injury also 14 years ago. The lumbar spine reportedly showed a large herniated disc at 7 to 8 mm at L4-L5. He has plateaued and is permanent and stationary. Future medical care should be in the form of orthopedic evaluation and conservative measures of treatment as needed for increase symptoms. It did not mention restarting the diagnostic cycle with testing. He may need reinstatement of a conservative treatment program. He can use moist heat and over-the-counter nonsteroidal anti-inflammatories. He might be a candidate in the future for epidural steroid injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

X-ray, AP, lateral, flexion-extension views: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Lumbar, flexion and extension x-rays.

Decision rationale: Regarding flexion and extension imaging studies, the ODG notes they are part of an assessment for spinal instability only. They note "not recommended as a primary criteria for range of motion. An inclinometer is the preferred device for obtaining accurate, reproducible measurements. See Range of motion (ROM); Flexibility. For spinal instability, may be criteria prior to fusion, for example in evaluating symptomatic spondylolisthesis when there is consideration for surgery. See Fusion (spinal)." This claimant does not meet the criteria for diagnostic testing for this injury from 14 years ago; therefore the request is not medically necessary.

Lumbar spine MRI: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation . ACOEM, Page 303, Low Back Complaints

Decision rationale: Under MTUS/ACOEM, although there is subjective information presented in regarding increasing pain, there are little accompanying physical signs. Even if the signs are of an equivocal nature, the MTUS note that electrodiagnostic confirmation generally comes first. They note '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.' The guides warn that indiscriminate imaging will result in false positive findings, such as disk bulges, that are not the source of painful symptoms and do not warrant surgery. The electrodiagnostic studies were not provided. The criteria is not met for this request, therefore the request is not medically necessary.