

Case Number:	CM14-0210097		
Date Assigned:	12/23/2014	Date of Injury:	01/11/2006
Decision Date:	02/19/2015	UR Denial Date:	11/19/2014
Priority:	Standard	Application Received:	12/15/2014

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. 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 & Rehabn

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 patient is a 44-year-old male with a date of injury of 01/11/2006. According to progress report dated 10/21/2014, the patient presents with aggravation of low back pain and numbness in his bilateral lower extremity. The patient is taking Remeron for insomnia, Norco and tramadol HCl ER for pain. Examination revealed ranges of motion of the thoracic and lumbar spine were moderately restricted on all planes. There were multiple myofascial trigger points and taut bands noted throughout the thoracic, lumbar paraspinal musculature as well as the gluteal muscles. The patient cannot perform toe gait with the right foot. Sensation to fine touch and pinprick was decreased on the posterior aspect of the right thigh and calf as well as the dorsum and plantar surface of the right foot. Dorsiflexion was decreased at -5/5 in the right foot and ankle jerks were absent bilaterally. The listed diagnoses are: 1. Chronic myofascial pain syndrome, thoracic and lumbar spine, moderate to severe. 2. Bilateral L5 and right S1 radiculopathy. 3. Depression and insomnia. The patient is currently not working. Treatment plan is for MRI of the lumbar spine due to aggravation of symptomatology, home muscle stretching exercises, deep breathing type meditation, home pool exercises, and follow up in 6 weeks. The utilization review denied the request on 11/19/2014. Treatment reports from 01/18/2013 through 12/02/2014 were provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI Lumbar Spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back.

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, MRI.

Decision rationale: This patient presents with low back pain and numbness in the bilateral lower extremity. The current request is for MRI of the lumbar spine. For special diagnostics, ACOEM Guidelines page 303 states "unequivocal objective findings that identify specific nerve compromise on the neurological examination is sufficient evidence to warrant imaging in patients who do not respond well to treatment and who would consider surgery as an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study." For this patient's now chronic condition, ODG guidelines provides a thorough discussion. ODG under its low back chapter recommends obtaining an MRI for uncomplicated low back pain with radiculopathy after 1 month of conservative therapy, sooner if severe or progressive neurologic deficit. This patient presents with chronic low back pain and complaints of L5 and S1 radiculopathy since as early as 01/18/2014. Medical records indicate the patient underwent MRI of the lumbar spine on 01/31/2014. According to this report, the patient has L5-S1 disk level which shows 2 mm midline disk bulge indenting the anterior portion of the lumbosacral sac. There is minimal bilateral thickening of the ligamentum flavum. ODG states, "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 no new injury, no significant change in examination finding, no bowel/bladder symptoms, and no new location of symptoms that would require additional investigation. The request for MRI of the Lumbar Spine is not medically necessary.

Daily swimming pool exercises: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Gym Membership

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

Decision rationale: This patient presents with low back pain and numbness in the bilateral lower extremity. The current request is for daily swimming pool exercise. The ACOEM Guidelines chapter 12 page 309 states, "There is strong evidence that exercise programs, including aerobic conditioning and strengthening, are superior to treatment programs that do not include exercise." Although exercise is recommended by ACOEM Guidelines, there is no discussion regarding

what kind of monitoring will be done. While an individual exercise program is recommended, outcomes that are not monitored by healthcare professionals are not recommended. This request is not medically necessary.