

Case Number:	CM14-0216258		
Date Assigned:	01/06/2015	Date of Injury:	05/26/2007
Decision Date:	02/28/2015	UR Denial Date:	12/02/2014
Priority:	Standard	Application Received:	12/24/2014

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 40 year old male injured worker suffered an industrial injury on 5/26/2007. The details of the accident, injury, treatment and diagnoses were not included in the documentation provided. The current diagnoses included post cervical laminectomy syndrome and lumbar radiculopathy. The failed treatments documented in the medical records were medications, epidural steroid injections about 6 years prior, medications, physical therapy, anti-inflammatory medications, TENS unit therapy along with various medications. The progress notes from 5/28/2014, 09/17/2014, 10/15/2014 and 11/12/2014 describe the injured worker continues to have pain to the lumbar spine with radicular symptoms of constant, aching pain to both legs that worsens with standing or sitting for a long duration with slight improvement with medications. Per documentation the patient has had a lumbar MRI in 2007, 2009, 2010, and one in 2011. The MRI in 2011 revealed a congenitally small canal and epidural lipomatosis resulting in moderate to severe canal stenosis at L4-5, moderate at L3-4 and mild at L2-3. The 11/29/11 lumbar x-rays revealed no pars defect, no new fracture, well maintained intervertebral disc spaces. The exams reveal restricted range of motion due to pain in the lumbar spine, spinal tenderness and trigger point tenderness with muscle twitching. The injured worker reported difficulty getting in and out of bed. The provider documented that a prior epidural steroid injection about 6 years prior that afforded the injured worker 70% improvement lasting 3 to 4 months and would like to repeat that injection. The provider requested the magnetic resonance imaging to rule out and new herniated disc with nerve compression along with x-rays to rule out and pars defect with nerve compression prior to performing these injections. The UR decision on 12/2/2014 denied the

above requests as there were no significant progressive symptoms or exam finding to justify the magnetic resonance imaging. The x-rays were denied as the prior studies demonstrated lack of a pars defect and with repeated x-rays were not medically necessary.

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: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304.

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

Decision rationale: MRI of the lumbar spine is not medically necessary per the MTUS and the ODG Guidelines. The MTUS recommends imaging studies be reserved for cases in which surgery is considered, or there is a red-flag diagnosis. The guidelines state that 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. The ODG recommends a lumbar MRI when there is a suspected red flag condition such as cancer or infection or when there is a progressive neurologic deficit. 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). Per documentation the patient has had a lumbar MRI in 2007, 2009, 2010, and one in 2011. The documentation submitted does not reveal progressive neurologic deficits, or a red flag diagnoses. There is no documentation how an MRI would alter this treatment plan. The request for MRI of the lumbar spine is not medically necessary.

X-rays of the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 304.

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

Decision rationale: X-rays of the lumbar spine are not medically necessary per the MTUS and the ODG guidelines. The MTUS recommends imaging studies be reserved for cases in which surgery is considered, or there is a red-flag diagnosis. The guidelines state that 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. The ODG states that Radiography (x-rays) should be reserved for trauma, myelopathy or progressive neurological deficit, red flag diagnoses, age over 70, steroids or osteoporosis. The documentation

does not indicate that the patient meets these criteria. There are no red flag physical exam findings. The request for X-rays lumbar spine are not medically necessary.