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| Case Number: | CM14-0218336 | | |
| Date Assigned: | 01/08/2015 | Date of Injury: | 06/15/2010 |
| Decision Date: | 03/11/2015 | UR Denial Date: | 12/24/2014 |
| Priority: | Standard | Application Received: | 12/30/2014 |

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, Hawaii

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:

This 72 year old male sustained a work related injury on 06/15/2010. According to an Initial Physical Therapy note dated 11/18/2014, the injured worker presented with insidious onset of back pain approximately 4 years ago that he attributed to his previous employment as a bus driver where he had to sit and maneuver the safety apparatus in the bus. Symptoms disrupted his ability to sit, stand or walk for prolonged periods of time. According to an Initial Orthopedic Evaluation dated 10/07/2014, the injured worker complained of constant pain in left-sided low back, hip and right knee that was sharp and shooting in character. Pain was rated a 6 on a scale of 0-10 while resting and a 9 with activities. Pain was associated with weakness. Pain radiated to the right shoulder. The injured worker was unable to perform his activities of daily living due to his pain. The findings of a MRI of the lumbar spine dated 07/10/2013 were noted in this initial note. Diagnoses included lumbar disc herniation without myelopathy, lumbar degenerative joint disease/degenerative disc disease, lumbar myalgia, lumbar myospasm and right-sided lumbar neuritis/radiculitis. The injured worker had not reached maximum medical improvement. The injured worker was retired and temporarily totally disabled. Treatment plan included physical therapy and chiropractic care, authorization for pain management, pain patch and narcotic pain medication. Progress report dated 12/02/2014 noted that the injured worker complained of low back pain radiating to the left hip. Physical examination was noted as unchanged. Treatment plan included complete physical therapy, new MRI of the lumbar spine, s-rays and pain management referral. On 12/24/2014, Utilization Review non-certified MRI Lumbar Spine and X-Rays Lumbar Spine. The request was received on 12/17/2014. According

to the Utilization Review physician, there was no mention of recent trauma or basis for x-ray evaluation on the 4 year old injury and no discussion of a plan for using the results and no red flag. MTUS Guidelines do not support x-ray evaluation with this presentation. Guidelines cited for this review included ACOEM (tables 8-7 & 12-1 & 12-8, footnote 3) and Work Loss Data Institute Official Disability Guidelines Low Back. The decision was appealed for an Independent Medical Review.

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: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation magnetic resonance imaging, low back chapter

Decision rationale: The patient presents with low back pain with radiation to the left hip. The current request is for MRI of the lumbar spine. The treating physician states that the patient's physical exam is unchanged. The ODG guidelines state, "For uncomplicated low back pain, with radiculopathy, not recommended until after at least one month conservative therapy, sooner if severe or 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)." In this case, the treating physician has only listed physical exam findings as "unchanged." There is documentation of MRI on 7/10/13. The ODG guidelines do not support repeat MRI without documentation of significant changes in symptoms or pathology. There is no documentation of any radiculopathy or red flags to support a repeat MRI scan of the lumbar spine. The current request is not medically necessary and the recommendation is for denial.

X-rays of the lumbar spine: AP/Lat, Flex/Ext: Overturned

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 radiography (x-rays), Low back chapter

Decision rationale: The patient presents with low back pain with radiation to the left hip. The current request is for x-rays of the lumbar spine, AP/lateral/flexion/extension. The treating physician states that the patient's physical exam is unchanged. The ODG guidelines state, "Imaging after a trial of treatment is recommended for patients who have minor risk factors for cancer, inflammatory back disease, vertebral compression fracture, radiculopathy, or symptomatic spinal stenosis." Furthermore, indications for imaging, plain x-rays includes, "Uncomplicated low back pain, trauma, steroids, osteoporosis, over 70." In this case, the

treating physician is requesting x-rays for a patient with documented radiculopathy who is also over 70 years of age. ODG guidelines support radiographs in this case. The current request is medically necessary and the recommendation is for authorization.