

Case Number:	CM15-0012010		
Date Assigned:	01/29/2015	Date of Injury:	06/04/1997
Decision Date:	03/25/2015	UR Denial Date:	12/26/2014
Priority:	Standard	Application Received:	01/21/2015

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 & 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:

The injured worker is a 63 year old male, who sustained an industrial injury on 6/4/97. The injured worker had complaints of back pain that radiates to the left ankle, left arm, left calf, left foot, left thigh and left buttocks. The pain is achy, burning, deep, discomforting, numbness, piercing, sharp, shooting, stabbing and throbbing. The diagnoses have included lumbosacral radiculitis and chronic pain. The documentation on 12/5/14 noted that the injured worker in the past had a multi-level laminectomy; however he reported that the surgery made him worse. He was in a one-year long pain program over ten years ago. According to the utilization review performed on 12/26/14, the requested X-Ray of the neck and lumbar spine and an MRI of lumbar spine has been non-certified. CA MTUS, ACOEM and ODG were used in the utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

X-Ray of the neck and lumbar spine: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines: Neck & Upper Back- Radiography

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Neck & upper back chapter, Radiography (x-rays)

Decision rationale: The patient was injured on 06/04/97 and presents with neck pain and back pain that radiates to the left ankle, left arm, left calf, left foot, left thigh and left buttocks. The request is for a X-RAY OF THE NECK AND LUMBAR SPINE. The utilization review determination rationale is that "the treating physician highlights that the patient has not undergone any post-operative diagnostic studies but the dates of any operations are not specified, and it is unclear that the provider has attempted to obtain any of the patient previous diagnostic studies." The RFA is dated 12/19/14 and the patient is permanent and stationary. Review of the reports provided does not indicate if the patient had a prior x-ray of the neck and lumbar spine. For special diagnostics, ACOEM Guidelines page 303 states "unequivocal objective findings that identifies specific nerve compromise on the neurological examination is sufficient evidence to warrant imaging in patients who do not respond well to treatment and who will 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." Regarding cervical x-rays, ODG states "not recommended except for indications below. Patients who are alert, have never lost consciousness, are not under the influence of alcohol and/or drugs, have no distracting injuries, have no cervical tenderness, and have no neurologic findings, do not need imaging. Patients who do not fall into this category should have a three-view cervical radiographic series followed by computed tomography (CT). In determining whether or not the patient has ligamentous instability, magnetic resonance imaging (MRI) is the procedure of choice, but MRI should be reserved for patients who have clear-cut neurologic findings and those suspected of ligamentous instability. (Anderson, 2000) (ACR, 2002). Initial studies may be warranted only when potentially serious underlying conditions are suspected like fracture or neurologic deficit, cancer, infection or tumor." It does not appear that the patient had a prior x-ray of his neck or his lumbar spine. His pain is located in his upper back, middle back, lower back, gluteal area, neck, and head. The 12/05/14 report states that the patient describes his pain as an ache, burning, deep, discomforting, numbness, piercing, sharp, shooting, stabbing, and throbbing, burning, deep, discomforting, numbness, piercing, sharp, shooting, stabbing and throbbing. The diagnoses have included lumbosacral radiculitis and chronic pain. The patient had a multi-level laminectomy; however he reported that the surgery made him worse. Although a specific reason for this procedure is not documented, the report states that the patient's "problem is worsening." Given that the patient has not previously had an x-ray of the neck and lumbar spine and continues to have chronic neck/low back pain, the requested x-ray of the neck and lumbar spine IS medically necessary.

MRI of lumbar spine: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines: Low Back-MRIs

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation low back chapter, MRI

Decision rationale: The patient was injured on 06/04/97 and presents with neck pain and back pain that radiates to the left ankle, left arm, left calf, left foot, left thigh and left buttocks. The request is for a MRI OF THE LUMBAR SPINE. The utilization review denial rationale is that "it cannot be inferred that the patient has had a significant change in symptoms warranting an MRI" it is unclear when the patient's multi-level laminectomy was performed. The RFA is dated 12/19/14 and the patient is permanent and stationary. Review of the reports provided does not indicate if the patient had a prior MRI of the lumbar spine. For special diagnostics, ACOEM Guidelines page 303 states, "An equivocal objective findings that identify specific nerve compromise on neurological examination are sufficient evidence to warrant imaging in patients who do not respond well to treatment and who could consider surgery an option. Neurological examination is less clear; however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study." ODG Guidelines on low back chapter MRI topic states that "MRI are tests of choice for patients with prior back surgery, but for uncomplicated low back pain with radiculopathy, not recommended until after at least 1 month of 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" such as a tumor, infection, fracture, nerve compromise, recurrent disk herniation. It does not appear that the patient had a prior MRI of his lumbar spine. His pain is located in his upper back, middle back, lower back, gluteal area, neck, and head. The 12/05/14 report states that the patient describes his pain as an ache, burning, deep, discomforting, numbness, piercing, sharp, shooting, stabbing, and throbbing, burning, deep, discomforting, numbness, piercing, sharp, shooting, stabbing and throbbing. The diagnoses have included lumbosacral radiculitis and chronic pain. The patient had a multi-level laminectomy; however he reported that the surgery made him worse. Given that the reports do not show an MRI following the patient's lumbar surgery, a set of MRI requested would appear reasonable. The requested MRI of the lumbar spine IS medically necessary.