

Case Number:	CM15-0113064		
Date Assigned:	06/19/2015	Date of Injury:	01/19/2012
Decision Date:	07/27/2015	UR Denial Date:	05/12/2015
Priority:	Standard	Application Received:	06/11/2015

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: Texas, California
 Certification(s)/Specialty: Family Practice

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 46 year old male who sustained an industrial injury on 01/19/2012. Initial complaints and diagnoses are not available. Treatments to date include medications, physical therapy, chiropractic and acupuncture treatments, a TENS unit, shockwave treatments, 2 medial branch blocks at L3-S1, and a percutaneous epidural decompression of and neuroplasty of the lumbar nerve roots at L2-S1. Diagnostic studies include MRIs, and x-rays, as well as nerve conduction studies. Current complaints include headaches, right elbow and low back pain. Current diagnoses include headaches, pain in the right elbow and low back, lumbar intervertebral disc displacement, lumbar radiculopathy, sprain of ligaments of the lumbar spine, mood disorder, anxiety disorder, stress, and sleep disorder. The medication list include Terocin patches, Deprizine, Dicopanol, Ibuprofen, Tramadol, Fanatex, Synapryn, Tabrodol, and Capsaicin/Fluribiprofen/Menthol as well as cyclobenzaprine and gabapentin. The requested treatment includes a MRI of the lumbar spine. The patient has had MRI of the lumbar spine in 3/23/2012 that revealed degenerative changes, spondylosis, disc protrusion and foraminal narrowing and has had X-ray of the low back in past. The patient has had EMG study of the LE that was normal on 3/24/14. The detailed X-ray report of the lumbar spine was not specified in the records provided. Per note dated 5/26/15 patient had complaints of low back pain with radiation at 7/10 with numbness and tingling. Physical examination of the lumbar spine revealed tenderness on palpation, muscle spasm, 5/5 strength, limited range of motion, normal reflexes and positive SLR. Patient has received an unspecified number of PT visits for this injury. Patient sustained the injury due to trip and fall incident. Patient had receive ESI for this injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

X-ray lumbar spine in AP, lateral flexion and extension view: Overturned

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

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 (updated 05/15/15) Flexion/extension imaging studies Radiography (x-rays).

Decision rationale: Request: X-ray lumbar spine in AP, lateral flexion and extension view. Per the ACOEM guidelines cited below, regarding lumbar X-ray "Lumbar spine x rays should not be recommended in patients with low back pain in the absence of red flags for serious spinal pathology, even if the pain has persisted for at least six weeks." In addition per the ODG guidelines cited below Flexion/extension imaging studies are "Not recommended as primary criteria for range of motion. An inclinometer is the preferred device for obtaining accurate, reproducible measurements. For spinal instability, may be a criteria prior to fusion, for example in evaluating symptomatic spondylolisthesis when there is consideration for surgery." Treatments to date include medications, physical therapy, chiropractic and acupuncture treatments, a TENS unit, shockwave treatments, 2 medial branch blocks at L3-S1, and a percutaneous epidural decompression of and neuroplasty of the lumbar nerve roots at L2-S1. Current complaints include headaches, right elbow and low back pain. Current diagnoses include headaches, pain in the right elbow and low back, lumbar intervertebral disc displacement, lumbar radiculopathy, sprain of ligaments of the lumbar spine, mood disorder, anxiety disorder, stress, and sleep disorder. The patient has had MRI of the lumbar spine in 3/23/2012 that revealed degenerative changes, spondylosis, disc protrusion and foraminal narrowing and has had X-ray of the low back in past. Per note dated 5/26/15 patient had complaints of low back pain with radiation at 7/10 with numbness and tingling. Physical examination of the lumbar spine revealed tenderness on palpation, muscle spasm, limited range of motion. Lumbar spine X-ray was requested to aid in patient management. The request for X-ray lumbar spine in AP, lateral flexion and extension view is medically necessary and appropriate for this patient.

MRI lumbar spine: Upheld

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

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 Treatment in Workers' Comp., online Edition Chapter: Low Back (updated 05/15/15)MRIs (magnetic resonance imaging).

Decision rationale: MRI lumbar spine. Per the ACOEM low back guidelines cited below "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. Indiscriminant imaging will result in false-positive findings, such as disk bulges, that are not the source of painful symptoms and do not warrant surgery. If physiologic evidence indicates tissue insult or nerve impairment, the practitioner can discuss with a consultant the selection of an imaging test to define a potential cause (magnetic resonance imaging [MRI] for neural or other soft tissue, computed tomography [CT] for bony structures)." ACOEM/MTUS guideline does not address a repeat MRI. Hence ODG is used. Per ODG low back guidelines cited below, "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)." The patient has had MRI of the lumbar spine in 3/23/2012 that revealed degenerative changes, spondylosis, disc protrusion and foraminal narrowing. The patient has had an EMG study of the LE that was normal on 3/24/14. Significant changes in objective physical examination findings since the last study, which would require a repeat study, were not specified in the records provided. Patient did not have any evidence of severe or progressive neurologic deficits that are specified in the records provided. Any finding indicating red flag pathologies were not specified in the records provided. The history or physical exam findings did not indicate pathology including cancer, infection, or other red flags. As per records provided patient has received an unspecified number of PT visits for this injury till date. A detailed response to complete course of conservative therapy including PT visits was not specified in the records provided. Previous PT visit notes were not specified in the records provided. A plan for an invasive procedure of the lumbar spine was not specified in the records provided. The MRI lumbar spine is not medically necessary for this patient.