

Case Number:	CM15-0119671		
Date Assigned:	06/30/2015	Date of Injury:	06/14/1999
Decision Date:	07/31/2015	UR Denial Date:	06/10/2015
Priority:	Standard	Application Received:	06/22/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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 injured worker is a 68 year old female, who sustained an industrial injury on 6/14/1999. The mechanism of injury was repetitive job duties. The injured worker was diagnosed as having lumbago, cervicalgia, sciatica, thoracic scoliosis and lumbosacral degenerative disc disease. There is no record of a recent diagnostic study. Treatment to date has included lumbar fusion, thoracic fusion, hernia repair, therapy and medication management. In a progress note dated 3/4/2015, the injured worker complains reported improved leg fatigue. Physical examination showed lumbar and bilateral paraspinal muscle tenderness. The treating physician is requesting outpatient lumbar magnetic resonance imaging, lumbar s x rays and Flexeril 10 mg #30 with 2 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient MRI of the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 296-297, 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Indications for imaging-Magnetic resonance imaging.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-5. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back section, MRI lumbar spine.

Decision rationale: Pursuant to the Official Disability Guidelines, outpatient MRI of the lumbar spine is not medically necessary. MRIs of the test of choice in patients with prior back surgery, but for uncomplicated low back pain, with radiculopathy, it is 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 findings suggestive of significant pathology. Indications (enumerated in the official disability guidelines) for imaging include, but are not limited to, lumbar spine trauma, neurologic deficit; uncomplicated low back pain with red flag; uncomplicated low back pain prior lumbar surgery; etc. ACOEM states unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients not respond to treatment and who would consider surgery an option. See the ODG for details. In this case, the injured worker's working diagnoses are chronic low back pain; lumbar DDD, status post anterior and posterior lumbar fusion; bilateral sciatic pain motor findings suggestive of right L5 radiculopathy on examination; and relevant history severe thoracic scoliosis, status post thoracic fusion with recent history of urinary frequency and urgency; past medical history hypertension, GERD and asthma. The medical record contains 19 pages. The date of injury is June 14, 1999. The request authorization is June 3, 2015. There is no contemporaneous clinical documentation on or about the date of request for authorization June 3, 2015. The earliest progress note in the medical record is dated November 5, 2014. Within the body of the progress note with a clinical entry stating Flexeril was approved October 29, 2014. An MRI lumbar spine was performed in 2010. There was no hard copy of the MRI in the medical record. The most recent progress note in the medical record is dated March 4, 2015. Page 2 of the progress note is blank. There is no discussion or plan for an MRI of the lumbar spine, x-rays of the lumbar spine. There is no documentation of objective functional improvement with regards Flexeril. Objectively, there is tenderness to palpation of the lumbar spine left greater than right. There is no documentation of spasm. Neurologic evaluation was grossly normal. Repeat MRI is not routinely recommended and should be reserved for a significant change in symptoms and findings suggestive of significant pathology. There are no significant new symptoms or objective clinical findings suggestive of significant pathology in the record. Consequently, absent contemporaneous clinical documentation with a clinical indication and rationale to repeat MRI lumbar spine, hard copy of the MRI from 2010 and unequivocal objective findings that identify specific nerve compromise on the neurologic evaluation, outpatient MRI 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): 269.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back section, Radiographs.

Decision rationale: Pursuant to the official disability guidelines, x-rays of the lumbar spine are not medically necessary. Radiographs are not recommended in the absence of red flags. Lumbar spinal radiography should not be recommended in patients with low back pain in the absence of red flags for serious spinal pathology, even if pain is persistent for six weeks. Indications for imaging include, but are not limited to, lumbar spine trauma; uncomplicated low back pain, trauma, steroids; uncomplicated low back pain, suspicion of cancer, infection; post surgery, evaluation status of fusion; etc. In this case, the injured worker's working diagnoses are chronic low back pain; lumbar DDD, status post anterior and posterior lumbar fusion; bilateral sciatic

pain motor findings suggestive of right L5 radiculopathy on examination; and relevant history severe thoracic scoliosis, status post thoracic fusion with recent history of urinary frequency and urgency; past medical history hypertension, GERD and asthma. The medical record contains 19 pages. The date of injury is June 14, 1999. The request authorization is June 3, 2015. There is no contemporaneous clinical documentation on or about the date of request for authorization June 3, 2015. The earliest progress note in the medical record is dated November 5, 2014. Within the body of the progress note with a clinical entry stating Flexeril was approved October 29, 2014. An MRI lumbar spine was performed in 2010. There was no hard copy of the MRI in the medical record. The most recent progress note in the medical record is dated March 4, 2015. Page 2 of the progress note is blank. There is no discussion or plan for an MRI of the lumbar spine or x-rays of the lumbar spine. Objectively, there is tenderness to palpation of the lumbar spine left greater than right. There is no documentation of spasm. Neurologic evaluation was grossly normal. Consequently, absent contemporaneous clinical documentation with a clinical indication and rationale for x-rays of the lumbar spine, red flags and new or recent trauma, x-rays of the lumbar spine are not medically necessary.

Flexeril 10mg #30 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 64-66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Muscle relaxants.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Flexeril 10mg #30 with 2 refills is not medically necessary. Muscle relaxants are recommended as a second line option short-term (less than two weeks) of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Efficacy appears to diminish over time and prolonged use may lead to dependence. In this case, the injured worker's working diagnoses are chronic low back pain; lumbar DDD, status post anterior and posterior lumbar fusion; bilateral sciatic pain motor findings suggestive of right L5 radiculopathy on examination; and relevant history severe thoracic scoliosis, status post thoracic fusion with recent history of urinary frequency and urgency; past medical history hypertension, GERD and asthma. The medical record contains 19 pages. The date of injury is June 14, 1999. The request authorization is June 3, 2015. There is no contemporaneous clinical documentation on or about the date of request for authorization June 3, 2015. The earliest progress note in the medical record is dated November 5, 2014. Within the body of the progress note with a clinical entry stating Flexeril was approved October 29, 2014. An MRI lumbar spine was performed in 2010. There was no hard copy of the MRI in the medical record. The most recent progress note in the medical record is dated March 4, 2015. Page 2 of the progress note is blank. There is no discussion or plan for an MRI of the lumbar spine, x-rays of the lumbar spine. There is no documentation of objective functional improvement with regards Flexeril. Objectively, there is tenderness to palpation of the lumbar spine left greater than right. There is no documentation of spasm. Neurologic evaluation was grossly normal. As noted above, Flexeril started October 29, 2014. Flexeril was continued through March 4, 2015. There is no documentation demonstrating objective functional

improvement. Flexeril is recommended for short-term (less than two weeks). The treating provider continued Flexeril in excess of five months. Consequently, absent contemporaneous clinical documentation demonstrating objective functional improvement to support ongoing Flexeril and continued Flexeril use in excess of the recommended guidelines (greater than two weeks), Flexeril 10 mg #30 with two refills is not medically necessary.