

Case Number:	CM15-0119788		
Date Assigned:	06/30/2015	Date of Injury:	09/12/2013
Decision Date:	07/29/2015	UR Denial Date:	06/08/2015
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: Texas, Florida, California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 50-year-old female, who sustained an industrial injury on 9/12/13. She reported pain in her right shoulder and lowers back after a slip and fall accident. The injured worker was diagnosed as having L5-S1 grade I-II spondylolisthesis. Treatment to date has included physical therapy, Neurontin and Percocet. As of the PR2 dated 5/11/15, the injured worker reports 5/10 pain in her lower back that sometimes radiates down both legs. A lumbar x-ray was taken at the visit and showed isthmic anterolisthesis grade I-II at L5-S1. Objective findings include restricted lumbar range of motion and no frank neurological deficit. The treating physician requested a lumbar MRI.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): American College of Occupational and Environmental Medicine Page 303, Low Back

Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back, MRI.

Decision rationale: This claimant was injured in 2013 when she hurt the right shoulder and low back in a slip and fall. The diagnoses were L5-S1 grade I-II spondylolisthesis. There is continued pain in the back with some range of motion. There are however no neurological deficit. The request is for an MRI of the lumbar spine. Under MTUS/ACOEM, although there is subjective information presented in regarding increasing pain, there are little accompanying physical signs. Even if the signs are of an equivocal nature, the MTUS note that electro diagnostic confirmation generally comes first. They note, "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." The guides warn that indiscriminate imaging will result in false positive findings, such as disk bulges, that are not the source of painful symptoms and do not warrant surgery. I did not find electro diagnostic studies. It can be said that ACOEM is intended for injuries that are more acute; therefore, other evidence-based guides were also examined. The ODG guidelines note, in the Low Back Procedures section: Lumbar spine trauma: trauma, neurological deficit. Lumbar spine trauma: seat belt (chance) fracture (If focal, radicular findings or other neurologic deficit). Uncomplicated low back pain, suspicion of cancer, infection- Uncomplicated low back pain, with radiculopathy, after at least 1 month conservative therapy, sooner if severe or progressive neurologic deficit. (For unequivocal evidence of radiculopathy, see AMA Guides, 5th Edition, page 382-383.) (Andersson, 2000) Uncomplicated low back pain, prior lumbar surgery- Uncomplicated low back pain, cauda equina syndrome These criteria are also not met in this case; the request was appropriately not medically necessary under the MTUS and other evidence-based criteria.