

Case Number:	CM15-0120622		
Date Assigned:	07/01/2015	Date of Injury:	09/23/2011
Decision Date:	07/30/2015	UR Denial Date:	06/17/2015
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

Certification(s)/Specialty: Emergency 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 37 year old male patient who sustained an industrial injury on 09/23/2011. The accident was described as while working with a high pressure hose he was pushed backwards resulting in him falling with subsequent back pain/injury. A primary treating office visit dated 12/09/2014 reported subjective complaint of having an exacerbation of his condition. The patient had been deemed permanent and stationary back on 07/01/2014. He complains of severe neck aches, sore, tight, and burning sensations. He also has frequent severe head throbbing aches; constant left and moderate right knee pains. In addition, he is experiencing feelings of hopelessness and discouraged. He is experiencing side effects from the pain medications as evidenced by being anxious, worried, and difficulty sleeping. Objective findings showed cervical spine range of motion has pain in all planes; positive foraminal compression and Jackson compression tests bilaterally. There is tenderness to palpation over the upper trapezius, rhomboids, levator scapulae, and suboccipital bilaterally. Lumbar spine showed painful range of motion in all planes; positive Kemp's, Bechtrews, Elys, Iliac compression bilaterally. There is tenderness to palpation over the quadratus lumborum, erector spinae, latissimus dorsi bilaterally. Diagnostic testing showed a magnetic resonance imaging scan of lumbar spine 07/28/2012 revealed disc desiccation at L1-2 and L4-5; slight straightening of lordotic curvature; Schmorl node at L1-2; right far annular tear at L3-4; disc protrusion diffuse at L1-2 with effacement of the thecal sac; bilateral neuroforaminal stenosis right greater than left which effaces the L2 exiting nerve roots. The MRI of cervical spine done on 07/28/2012 showed disc desiccation at C3-7; annular tear at C4-5, C5-6, C6-7; C4-5 focal disc protrusion indenting

the thecal sac; C5-6 diffuse right eccentric disc protrusion effacing the thecal sac. Nerve conduction study of upper extremities done on 09/20/2012 showed abnormal evidence of right mild carpal tunnel syndrome. The lower extremities and lumbar spine nerve conduction study on 10/18/2012 did suggest right S1 nerve root irritation. A recent follow up examination dated 01/13/2015 reported unchanged subjective complaints, objective assessment, treatment plan, or medication regimen. A follow up dated 05/13/2015 reported a chief complaint of low back pain. He currently complains of head/neck pain that radiates to the neck with associated numbness. There is also complaint of having right wrist pain, and bilateral knee pain. Current medications are: Anaprox, Omeprazole, and Flexeril. The treating diagnosis was discogenic lumbar disease with bilateral L4-5 radiculopathy. The plan of care noted the patient needing to stay active; pending orthopedic consultation, and prescribed Vicodin 5/325mg #60 one tab BID. In addition, refills for Anaprox, Omeprazole and Flexeril given.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective MRI Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305, Acupuncture Treatment Guidelines.

Decision rationale: The requested Retrospective MRI Lumbar Spine, is not medically necessary. CA MTUS, ACOEM 2nd Edition, 2004, Chapter 12, Lower Back Complaints, Special Studies and Diagnostic and Therapeutic Considerations, Pages 303-305, recommend imaging studies of the lumbar spine with "Unequivocal objective findings that identify specific nerve compromise on the neurological examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option." The injured worker has unchanged subjective complaints, objective assessment, treatment plan, or medication regimen. A follow up dated 05/13/2015 reported a chief complaint of low back pain. He currently complains of head/neck pain that radiates to the neck with associated numbness. There is also complaint of having right wrist pain, and bilateral knee pain. The treating physician has not documented a positive straight leg raising test, nor deficits in dermatomal sensation, reflexes or muscle strength, nor evidence of an acute clinical change since a previous imaging study. The criteria noted above not having been met, Retrospective MRI Lumbar Spine is not medically necessary.