

Case Number:	CM15-0064853		
Date Assigned:	04/10/2015	Date of Injury:	12/01/2001
Decision Date:	05/19/2015	UR Denial Date:	04/01/2015
Priority:	Standard	Application Received:	04/06/2015

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: 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 49 year old female who sustained an industrial injury on 12/1/01. The injured worker reported symptoms in the back and left lower extremity. The injured worker was diagnosed as having radiculitis. Treatments to date have included nerve root block left L5 (8/28/14), nonsteroidal anti-inflammatory drugs, activity modification, and home exercise program. Currently, the injured worker complains of pain in the back and left lower extremity. The plan of care was for diagnostics and a follow up appointment at a later date.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI lumbar spine: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, "Low Back (updated 3/24115)," MRIs (magnetic resonance imaging).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 289-291, 303-305, 308-310. Decision based on Non-MTUS Citation ACOEM 3rd edition (2011) Low back disorders <http://www.guideline.gov/content.aspx?id=38438>.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) addresses magnetic resonance imaging MRI of the lumbosacral spine. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 12 Low Back Complaints indicates that neurologic deficit is a red flag for potentially serious low back conditions. Red flags include severe low back pain, progressive numbness or weakness, significant progression of weakness, significant increased sensory loss, new motor weakness, and radicular signs. MRI magnetic resonance imaging is indicated to define a potential cause of tissue insult or nerve impairment. MRI is the test of choice for patients with prior back surgery. ACOEM 3rd edition (2011) indicates that MRI is recommended for patients with subacute or chronic radicular pain syndromes lasting at least 4 to 6 weeks in whom the symptoms are not trending towards improvement if both the patient and surgeon are considering prompt surgical treatment, assuming the MRI confirms ongoing nerve root compression. Medical records documented a lumbosacral spine injury with a date of injury of 12/1/2001. Treatment has included lumbar spine surgery in 2007 with artificial disc placement at L4-5. The operative report dated 8/28/2014 documented diagnostic nerve root block left L5. Diagnoses were degenerative disk and joint disease left L4-5 and L5-S1, post fusion syndrome, and L5 radiculopathy. The orthopedic qualified medical evaluation report dated January 13, 2015 documented radicular symptoms to the left lower extremity. There is tenderness to palpation along the paraspinal musculature on the left side. The straight leg raise is positive on the left in the supine position as well as in the sitting position. In regards to the lumbar spine, the patient has radicular symptoms to her left lower extremity. The patient had a nerve root block at L5 on the left, but in spite of this nerve root block, she is still having symptomatology. The orthopedics spine surgeon's report dated 3/20/15 documented that surgery was performed on 07/31/2007. The patient describes her current degree of pain as moderate. She is experiencing constant pain. The pain is located in the back and left leg. She describes the back / leg pain ratio as 50% back pain and 50% leg pain. The patient describes her symptoms as worse. The patient's chief complaint today is low back left leg pain. Diagnosis was radiculitis. Treatment recommendations were nerve root block left L5, and X-rays lumbar. The patient has had a recurrence of her left L5 radicular pain. She had an L5 nerve root block done almost a year ago back in June. It gave her about three months of pain relief and allowed her to work more effectively. She does a lot of sitting at work, which is when her pain is provoked and now her pain has returned. On physical examination, she has a positive straight leg raise on the left. The orthopedic spine surgeon recommended a new MRI of the lumbar spine to check for nerve compression especially in the foramen on the left at L5-S1 where she has a spondylolysis and X-rays of the lumbar spine. She has an artificial disc at L4-5 with the spondylolisthesis at L5-S1, and it is necessary to check for instability. A left L5 nerve root block was recommended. ACOEM indicates that red flags include severe low back pain, progressive numbness or weakness, significant progression of weakness, significant increased sensory loss, new motor weakness, and radicular signs. MRI magnetic resonance imaging is indicated to define a potential cause of tissue insult or nerve impairment. MRI is the test of choice for patients with prior back surgery. ACOEM indicates that MRI is recommended for patients with chronic radicular pain syndromes in whom the symptoms are not trending towards improvement if both the patient and surgeon are considering prompt surgical treatment, assuming the MRI confirms ongoing nerve root compression. Therefore, the request for MRI of the lumbar spine are supported by ACOEM and MTUS guidelines. Therefore, the request for MRI of the lumbar spine is medically necessary.

Anteroposterior (AP), lateral, flexion/extension x-rays of the lumbar spine: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, "Low Back (updated 3/24/15)," Radiography (x-rays).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305, 308-310. Decision based on Non-MTUS Citation ACOEM 3rd edition (2011) Low back disorders <http://www.guideline.gov/content.aspx?id=38438>.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) addresses imaging. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 12 Low Back Complaints indicate that radiographs of lumbosacral spine are recommended when red flags are present. Lumbar spine X-rays are recommended in patients with low back pain with red flags for serious spinal pathology. It may be appropriate when the physician believes it would aid in patient management. Objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients. Imaging studies are indicated for cases in which red-flag diagnoses are being evaluated. ACOEM 3rd edition (2011) indicates that X-ray for acute low back pain with red flags for fracture or serious systemic illness, subacute low back pain that is not improving, or chronic low back pain as an option to rule out other possible conditions is recommended. Medical records documented a lumbosacral spine injury with a date of injury of 12/1/2001. Treatment has included lumbar spine surgery in 2007 with artificial disc placement at L4-5. The operative report dated 8/28/2014 documented diagnostic nerve root block left L5. Diagnoses were degenerative disk and joint disease left L4-5 and L5-S1, post fusion syndrome, and L5 radiculopathy. The orthopedic qualified medical evaluation report dated January 13, 2015 documented radicular symptoms to the left lower extremity. There is tenderness to palpation along the paraspinal musculature on the left side. The straight leg raise is positive on the left in the supine position as well as in the sitting position. In regards to the lumbar spine, the patient has radicular symptoms to her left lower extremity. The patient had a nerve root block at L5 on the left, but in spite of this nerve root block, she is still having symptomatology. The orthopedics spine surgeon's report dated 3/20/15 documented that surgery was performed on 07/31/2007. The patient describes her current degree of pain as moderate. She is experiencing constant pain. The pain is located in the back and left leg. She describes the back / leg pain ratio as 50% back pain and 50% leg pain. The patient describes her symptoms as worse. The patient's chief complaint today is low back left leg pain. Diagnosis was radiculitis. Treatment recommendations were nerve root block left L5, and X-rays lumbar. The patient has had a recurrence of her left L5 radicular pain. She had an L5 nerve root block done almost a year ago back in June. It gave her about three months of pain relief and allowed her to work more effectively. She does a lot of sitting at work, which is when her pain is provoked and now her pain has returned. On physical examination, she has a positive straight leg raise on the left. The orthopedic spine surgeon recommended a new MRI of the lumbar spine to check for nerve compression especially in the foramen on the left at L5-S1 where she has a spondylolysis and AP, lateral, flexion / extension X-rays of her lumbar spine. She has an artificial disc at L4-5 with the spondylolisthesis at L5-S1, and it is necessary to check for instability. A left L5 nerve root

block was recommended. ACOEM indicates that lumbar spine X-rays may be appropriate when the physician believes it would aid in patient management. ACOEM indicates that X-ray for chronic low back pain as an option to rule out other possible conditions is recommended. Therefore, the request for X-rays of the lumbar spine are supported by ACOEM and MTUS guidelines. Therefore, the request for X-rays of the lumbar spine is medically necessary.