

Case Number:	CM13-0012143		
Date Assigned:	09/08/2014	Date of Injury:	05/03/2007
Decision Date:	10/14/2014	UR Denial Date:	08/12/2013
Priority:	Standard	Application Received:	08/16/2013

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Texas and Ohio. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 45-year-old female who reported an injury on 05/03/2007. The mechanism of injury was not submitted for clinical review. The diagnoses included facet arthropathy of the right lumbar spine, myofascial pain syndrome, and lumbago. Past treatments included trigger point injections, physical therapy, medial branch blocks, and medication. The prior diagnostic testing included an MRI of the right knee and MRI of the lumbar spine dated 07/26/2013. In the clinical note dated 05/05/2014, it was reported the injured worker complained of right lower back pain with right lower extremity pain. The injured worker described the pain as aching, and stabbing in nature. She reported having radiation of pain to the right foot/leg. On the physical examination, the provider noted the injured worker's lumbar spine had tenderness to palpation over the right lumbar musculature. The injured worker had positive facet loading at L3-4, L4-5, and L5-S1 on the right. The provider noted the injured worker's range of motion was decreased in all planes. He had a negative straight leg raise. The MRI dated 07/26/2013 revealed degenerative disc disease and facet arthropathy at L4-5, mild caudal left neuroforaminal narrowing. The request submitted is for MRI of the lumbar spine. However, a rationale was not submitted for clinical review. The Request for Authorization was not submitted for clinical review. Therefore, the request is not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the lumbar spine: Upheld

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

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

Decision rationale: The request for MRI OF THE LUMBAR SPINE is not medically necessary. The California MTUS/ACOEM Guidelines state clinical objective findings that identify specific nerve compromise on the neurological exam are sufficient evidence to warrant imaging in patients who do not respond to treatment or who would consider surgery as an option. When the neurological examination is less clear, however, further physiological evidence of nerve dysfunction should be obtained before ordering an imaging study. Indiscriminate imaging will result in a false positive finding, such as disc bulges that are not the source of painful symptoms and do not warrant surgery. Imaging studies should be reserved for cases in which surgery is considered or red flag diagnoses are being evaluated. There is lack of significant neurological deficits such as decreased sensation in motor strength in a specific dermatomal or myotomal distribution. There is lack of documentation indicating red flag diagnoses or the intent to undergo surgery requiring an MRI. The rationale was not submitted for the request. The medical necessity for imaging was not established. Therefore, the request is not medically necessary.