

Case Number:	CM13-0018117		
Date Assigned:	04/25/2014	Date of Injury:	07/15/2005
Decision Date:	06/09/2014	UR Denial Date:	08/16/2013
Priority:	Standard	Application Received:	08/29/2013

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. 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 64 year old female who reported an injury on 07/15/2005 secondary to falling from a ladder. She underwent a right total knee replacement on 04/18/2006. An X-ray of the lumbar spine on 03/13/2012 revealed arthritic changes at the L4-5 and L5-S1 discs. She was evaluated on 07/24/2013 and reported sharp, right knee pain and dull low back pain with 6/10 severity. The injured worker denied using any medications at that time. On physical exam, she was noted to have decreased sensation of the bilateral lower extremities in an L5, S1 distribution. She was also noted to have a negative straight leg raise bilaterally with normal strength and deep tendon reflexes. The injured worker was diagnosed with musculoligamentous sprain/strain of the lumbar spine and lumbar spondylosis, and she was recommended for an MRI to rule out stenosis. An MRI of the lumbar spine was performed on 08/15/2013 and revealed multilevel mild diffuse chronic disc generation and facet arthrosis with no clinically significant acute findings. The current request is a retrospective request for the MRI of the lumbar spine performed on 08/15/2013.

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): 303-305.

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

Decision rationale: The request for an MRI of the lumbar spine is non-certified. California MTUS/ACOEM Guidelines state that 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. These guidelines also state, that when the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. There is a lack of documented evidence in the medical records provided that the injured worker has not responded to treatment and/or has failed conservative care. The clinical note at the time of the recommendation for an MRI stated that the injured worker was not using any medications at that time. A request for physical therapy was not submitted until 09/12/2013, and there was no documentation to indicate that the injured worker had attended physical therapy at the time of the request. There was a lack of documentation indicating the injured worker has significant signs and symptoms of neurologic deficit. Therefore, an MRI would not yet be warranted by evidence-based guidelines. As such, the request for an MRI of the lumbar spine is not medically necessary or appropriate.