

Case Number:	CM13-0020193		
Date Assigned:	01/03/2014	Date of Injury:	05/29/2013
Decision Date:	06/04/2014	UR Denial Date:	08/26/2013
Priority:	Standard	Application Received:	09/04/2013

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 Occupational Medicine and is licensed to practice in California. 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 patient is an employee of [REDACTED] and has submitted a claim for low back pain, with an industrial injury date of May 29, 2013. Treatment to date has included chiropractic treatment, acupuncture, and myofascial release. Medical records from 2013 were reviewed, the latest of which dated December 12, 2013 revealed that the patient complained of continued pain in the neck to the left shoulder and lowback pain to left leg. On physical examination, there is tenderness on palpation noted at C5-C6, L5-S1 levels. Impingement test is positive on left shoulder. MRI of the cervical spine done last October 17, 2013 revealed straightening of cervical spine; early disc desiccation throughout cervical spine; prominent CSF sac in the pituitary fossa, could be due to empty sella; C5-C6 diffuse disc protrusion effacing the thecal sac. MRI of the lumbar spine done last October 17, 2013 revealed early disc desiccation at L5-S1, small perineural cyst noted at S2-3 levels; spine canal and neural foramina are patent at all lumbar spine levels. Utilization review from August 26, 2013 denied the request for MRI of the lumbar spine because of the following reasons: documentation failed to indicate the patient had chronic radicular pain syndrome that lasted at least 4 to 6 weeks in which the symptoms are not trending towards improvement; whether or not they are considering surgery; and exceptional factors to warrant non-adherent to guideline recommendations.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI 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): 303-304.

Decision rationale: According to pages 303-304 of the American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Low Back Chapter, imaging of the lumbar spine is supported in patients with red flag diagnoses where plain film radiographs are negative; unequivocal objective findings that identify specific nerve compromise on the neurologic examination; failure to respond to treatment; and consideration for surgery. MRI is moderately 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. In this case, the clinical evaluation stated that MRI was being ordered to rule out disc herniation. However, there is no documentation regarding the extent of duration of symptoms. A comprehensive neurologic examination showing unequivocal objective findings that identify specific nerve compromise is likewise not evident because progress reports were handwritten and somewhat illegible. In addition, there is no discussion regarding failure of treatment or if there are future surgical plans. Therefore, the request for MRI of the lumbar spine is not medically necessary.