

Case Number:	CM13-0035864		
Date Assigned:	12/13/2013	Date of Injury:	09/19/2011
Decision Date:	02/04/2014	UR Denial Date:	09/23/2013
Priority:	Standard	Application Received:	10/18/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Family Medicine and is licensed to practice in North Carolina. 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 physician 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 a 74-year-old female with a reported date of injury of September 19, 2011 when she slipped and fell in the parking lot at her work. The most recent progress note is dated June 11, 2013 and notes the patient reports burning, radicular lumbar pain and muscle spasm and rates the pain a 7-8/10. She describes the pain as frequent and constant. Physical exam noted bilateral tenderness to palpation of the posterior superior iliac spines (PSISs), bilateral lumbar paraspinal muscle guarding, tenderness to palpation along L2-L5, decreased sensory perception along L4-S1 dermatomes, and bilateral straight leg raise test, bilateral tripod sign and bilateral positive Kemp test. The diagnosis was lumbar spine radiculopathy and lumbar disc displacement Herniated nucleus pulposus (HNP). Recommendations at that time included prescription medication, MRI, EMG/NCV and orthopedic surgeon consult. Previous progress notes from April 11, 2013 and December 14, 2012 noted identical physical exams but the patients reported pain was 9/10. Previous therapy included prescription medication and shockwave therapy. Previous MRI had been performed on November 19, 2012. A utilization review determination rendered on September 23, 2013 rendered a decision to not certify a request for a MRI without contrast, which had been performed on August 12, 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

one (1) MRI, spinal canal and contents, lumbar; without contrast material, performed on August 12, 2013: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303, 353.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303, 304. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back-Lumbar and Thoracic (acute and chronic).

Decision rationale: The ACOEM Guidelines, section on low back complaints, states: "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. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study." The ODG section on low back pain, lumbar and thoracic, states that "MRIs are test of choice for patients with prior back surgery, but for uncomplicated low back pain, with radiculopathy, not recommended until at least one month conservative therapy, sooner if severe or progressive neurologic deficit. Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or finding suggestive of significant pathology. While the patient had received conservative therapy for a period of greater than one month, there was no severe or progressive neurologic deficit and no imminent surgery was planned, as an orthopedic consult had not yet even been performed. There was no documented progression or worsening of the patients symptoms of function. Therefore the request for one (1) MRI, spinal canal and contents, lumbar; without contrast material, performed on August 12, 2013, is not necessary and appropriate.