

Case Number:	CM13-0037193		
Date Assigned:	12/13/2013	Date of Injury:	10/10/1995
Decision Date:	02/04/2014	UR Denial Date:	08/29/2013
Priority:	Standard	Application Received:	09/26/2013

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 Diagnostic Radiology, 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 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 physician reviewer developed the following clinical case summary based on a review of the case file, including all medical records: 63-year-old female who injured her lower back on 10/10/1995. The injury was not specified. She was diagnosed with lumbar spondylosis, myofascial pain, and neurological deficits. EMG/NCV of the lower extremities from 10/13/11 revealed right L5-S1 and left L4-5 involvement. Report from 8/5/13 revealed patient complained of lower back pain and bilateral lower extremities symptoms. Physical examination revealed tenderness to palpation of the lumbar spine. There is diminished sensation on the right greater than left L4, L5, and S1 dermatomal distribution. Motor strength is +4/5 on the right quadriceps. +5/5 motor strength in the left lower extremity. Findings suggest L4, L5, S1 neurological changes. MRI from 5/2011 does not explain her L4, L5, S1 symptoms, including decline in tolerance to sitting. Another MRI of the lumbar spine was requested 8/29/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the lower spine: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: 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 (page 303.) The patient's clinical exam from 8/5/13 with neurologic changes at L4, L5, and S1 does not seem meet the clinical guideline of "unequivocal objective findings that identify specific nerve compromise." The indications for a repeat MRI would be primarily consist of significant changes currently compared to what was present the last time an MRI was performed. I do not have the MRI report from 5/2011. The earliest record available to me is IMR Medical Professional Reviewer's MPR Form Effective 1/13/14 Page 3 of 4 from 12/10/12, and that indicated the patient presented with low back pain, 7/10 scale, with lower extremity symptoms. Exam showed lumbar range of motion percent of normal: flexion 50, extension 50, left and right lateral tilt 60, left rotation 50. Evidence of new and significant clinical pathology compared to past evidence of pathology from 12/10/12 does not seem to be present. Therefore, another lumbar spine MRI does not seem warranted.