

Case Number:	CM13-0040467		
Date Assigned:	12/20/2013	Date of Injury:	03/01/2011
Decision Date:	05/08/2014	UR Denial Date:	10/17/2013
Priority:	Standard	Application Received:	10/29/2013

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 Internal 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 a 50-year-old who was injured on March 1, 2011 while doing a lot of lifting, bending and pulling. Prior treatment history has included ibuprofen. Diagnostic studies reviewed include x-rays of the lumbar spine revealed an abnormality at the L5-S1 junction. There is significant tilting of what appears to be the S1 and some L5. Additional Consultations include orthopedic evaluation dated August 27, 2013 indicated the patient has been having low back pain that radiates to both legs. The pain is rated 9/10 and it goes into all the toes. There is numbness and tingling. It is sharp pain that is made worse with lifting. She states lying down helps to reduce her pain. She has muscle pain or cramps and trouble walking. Objective findings on exam revealed she is able to toe walk and heel walk and squat. There is slight increased pain on range of motion. Neurologic examination shows decreased sensation in the right L5 and left L4 distribution. Straight leg raise is positive in bilateral lower extremities, worse on the right. It is recommended that the patient begins physical therapy twice a week for six weeks along with a MRI of the lumbar spine at that time. Re-evaluation post comprehensive Report dated June 24, 2013 indicates the patient states that she has low back pain. It was recommended the patient see an orthopedist. The patient is diagnosed is 1) Status post right carpal tunnel release with minimal residual pain; 2) Left carpal tunnel syndrome, untreated; 3) Right DeQuervain's tenosynovitis, slightly symptomatic; and 4) Questionable bilateral cubital tunnel syndrome.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI LUMBAR SPINE WITHOUT CONTRAST: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 308-310.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304.

Decision rationale: According to the Low Back Complaints Chapter of the ACOEM Practice Guidelines, unequivocal objective findings that identify specific nerve compromise on the neurologic examination warrant imaging in patients who do not respond to treatment and who surgery is considered an option. An evaluation dated August 27, 2013 documented objective findings on exam revealed she is able to toe walk and heel walk and squat, had slight increased pain on range of motion, decreased sensation in the right L5 and left L4 distribution, and straight leg raise is positive in bilateral lower extremities, worse on the right. It was recommended that the patient begin physical therapy twice a week for six weeks along with a MRI of the lumbar spine at that time. The medical records do not document a complete course of four to six weeks of conservative care directed to the low back complaint, such as would include physical therapy/physical methods, non-pharmacologic palliative interventions, instruction in a home exercise program, non-opioid analgesics, and activity modification. The medical records do not establish failure to respond to conservative measures. The request for an MRI of the lumbar spine without contrast is not medically necessary or appropriate.