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| Case Number: | CM13-0041703 | | |
| Date Assigned: | 12/27/2013 | Date of Injury: | 04/25/2012 |
| Decision Date: | 08/13/2014 | UR Denial Date: | 10/01/2013 |
| Priority: | Standard | Application Received: | 10/14/2013 |

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 Anesthesiologist Pain Medicine and is licensed to practice in Florida. 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 of a male of unknown age who reported an injury on 04/25/2012 due to an unknown mechanism. The injured worker had a physical examination on 11/18/2013 which revealed pain in the lower back rated 6/10 to 7/10. The injured worker had complaints of limited mobility of the lower back and sometimes limps. Pain from the lower back radiated to both buttocks, into both thighs. Also, he had complaints of tingling and numbness of the legs which went to the feet. He stated the medications temporarily helped the pain. It was noted that the injured worker remained symptomatic. The examination of the lumbosacral spine revealed the straight leg raise bilaterally was positive at 70 degrees. The medications for the injured worker were Norco and Celebrex. The injured worker had x-rays in 09/2013 that revealed an old L4 compression fracture. It also revealed degenerative disc disease and collapse present at the L4-5 and L5-S1. It was noted that the compression fracture was 20% healed. The injured worker had electrodiagnostic studies that did not show any evidence of involvement of the motor axon at the lumbosacral root level and conduction along the S1 nerve root was normal bilaterally. The MRI and electrodiagnostic studies were not submitted for review. The diagnoses for the injured worker were lumbar spinal stenosis, degenerative disc disease, bilateral leg radiculopathy, and weakness. The treatment plan for the injured worker was to obtain an MRI of the lumbar spine without contrast to further work out the severity of the spinal stenosis as well as sciatica symptoms. The rationale and the Request for Authorization were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

REPEAT MRI, LUMBAR SPINE: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, MRI.

Decision rationale: The request for repeat MRI, lumbar spine is not medically necessary. The injured workers symptoms of low back pain, leg numbness and tingling are consistent complaints in all the reports submitted for review. The injured worker's compression fracture was 20% healed. The California MTUS/ACOEM Guidelines for spinal stenosis are if unequivocal 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. Official Disability Guidelines state repeat MRI's are not routinely recommended and should be reserved for new or progressive neurological deficits. The injured worker's compression fracture was healed 20%. Although the injured worker continues to have low pain, leg numbness and tingling, no report of new neurological findings were noted. The MRI was not submitted for review. It was not noted if the injured worker had decreased reflexes, decreased muscle strength and/or decreased sensation in specific dermatomal distributions. Due to the lack of red flag signs and symptoms, the request for a repeat MRI of the lumbar spine is not medically necessary.