MAXIMUS Federal Services

Case Number:	CM13-0043591		
Date Assigned:	12/27/2013	Date of Injury:	02/08/2012
Decision Date:	06/23/2014	UR Denial Date:	09/24/2013
Priority:	Standard	Application Received:	10/24/2013

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, Pulmonary Diseases and Critical Care 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 injured worker is a 59 year old male who reported an injury on 02/28/2012. The mechanism of injury was not provided. The diagnoses included lumbar disc displacement with myelopathy. An MRI of the lumbar spine performed 03/01/2012 was noted to show mild lumbar spondylosis at L1-2 through L5-S1, a disc protrusion at L4-5, and osteophyte disc complexes at L2-3 and L3-4. Per the 9/11/2013 progress report, the injured worker reported constant severe pain in the lumbar spine travelling into both hips. Lumbar spine examination noted +3 spasm and tenderness to the bilateral paraspinal muscles from L3 to S1 and bilateral quadratus lumborum muscles. Decreased reflexes of the lower extremities were noted bilaterally. The L5 and S1 dermatomes were decreased on the right to light touch. The injured worker had positive straight leg raising, Kemp's, and Valsalva tests bilaterally. It was noted that lumbar range of motion was captured digitally. The provider requested a repeat MRI of the lumbar spine to evaluate the presence of disc pathology. The visual analog scale and range of motion evaluations were requested to objectively measure improvement in terms of pain, return to work, and activities of daily living. The request for authorization form was submitted 9/11/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

VISUAL ANALOG SCALE RANGE OF MOTION TESTING: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG- TWC, 7th Edition, Online Low Back Chapter, Flexibility.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 292-296. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Flexibility.

Decision rationale: The request for Visual Analog Scale Range of Motion testing is not medically necessary. ACOEM states range of motion measurements of the low back are of limited value because of the marked variation among persons with symptoms and those without. The Official Disability Guidelines further state, flexibility is not recommended as a primary criteria, but should be a part of a routine musculoskeletal evaluation. The relation between lumbar range of motion measures and functional ability is weak or nonexistent. The medical records provided indicate the rationale for the request was to objectively measure functional improvement and pain relief. The guidelines state the relation between range of motion for the lumbar spine and functional ability is weak. Therefore, the request is not supported by guidelines. As such, the request for Visual Analog Scale Range of Motion testing is not medically necessary.

MRI 3D LUMBAR SPINE: Upheld

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

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, MRIs (magnetic resonance imaging).

Decision rationale: The request for MRI 3D Lumbar Spine is non-certified. ACOEM states unequivocal objective findings of 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. If the neurologic exam is less clear, further evidence of nerve dysfunction should be obtained before ordering imaging. The Official Disability Guidelines further state, repeat MRIs are not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. There is a lack of documentation regarding failure of conservative care or a discussion of surgery to determine the necessity of repeat imaging. There is also no indication of a significant change in symptoms or findings suggestive of significant pathology to warrant a repeat MRI. As such, the request for MRI 3D Lumbar Spine is non-certified.