

Case Number:	CM13-0053992		
Date Assigned:	06/16/2014	Date of Injury:	06/29/2000
Decision Date:	08/13/2014	UR Denial Date:	11/05/2013
Priority:	Standard	Application Received:	11/07/2013

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 Physical Medicine and Rehabilitation 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 57-year-old male who reported an injury on 11/18/1999. The mechanism of injury is unknown. The injured worker complained of severe pain in his back that radiated down both legs, more the left than the right. He stated that sometimes he can hardly stand to bear weight, bend, or stoop for prolonged periods of time. He rated the pain at 9/10 at best and at worst 10/10. Physical examination dated 11/14/2013 of his lower back revealed limited range of motion. He could forward flex to 20 degrees, grasping his thighs, and extension to 5 degrees with left-sided back pain. He reported altered sensory loss to light touch and pinprick along the right lateral calf and bottom of his foot by comparison to the left counterpart. Deep tendon reflexes revealed an absent deep tendon reflex in the left Achilles tendon by comparison to the right, +1 on the right, +1 at the knees bilaterally. The injured worker revealed muscle spasms with loss of lordotic curvature. Valsalva's maneuver caused back pain that radiated into the right buttocks and hip area. Other diagnostics the injured worker has undergone has been an MRI about 7 to 8 years ago which revealed disc herniations at L4-5 and L5-S1 with some entrapment of the spine nerve. The injured worker is now having objective findings of limited trunk range of motion, muscle spasm, loss of lordotic curvature, altered sensory loss in the lower extremities, positive tension sign with straight leg raise, and an absent Achilles reflex. The injured worker has diagnoses of low back pain, history of prior disc herniations per imaging studies at L4-5 and L5-S1 with right radicular symptoms. The only past treatment documented in the submitted reports were IM injections of Toradol, and that the physician went over some exercises with the injured worker, plus medication therapy. Medications include Vicodin extra strength tablets 7.5/750 mg (1 three times a day as needed), Soma 350 mg (1 in the evening as needed), and Celebrex 200 mg (2 times a day). The current treatment plan is for repeat magnetic resonance imaging of the lumbar spine. The rationale and the Request for Authorization form 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 MAGNETIC RESONANCE IMAGING (MRI) OF LUMBAR SPINE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, repeat MRI.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, MRIs (magnetic resonance imaging).

Decision rationale: The injured worker complained of severe pain in his back that radiated down both legs, more the left than the right. He rated his pain a 9/10 at best and 10/10 at worst. The California MTUS/ACOEM Guidelines recommend the use of MRI when there is 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. ODG guidelines state that a repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (eg, tumor, infection, fracture, neurocompression, recurrent disc herniation). Given the above, the injured worker is not within CA MTUS/ACOEM or within ODG Guidelines. The injured worker had no evidence of any soft tissue deficits or any nerve dysfunctions. The only findings noted to support neurological dysfunctions were a mild motor strength deficit with hip flexion on the right, nothing measurable documented. The reports also revealed evidence of a deep tendon reflex loss in the left Achilles tendon by comparison to the right. It was noted that he had an altered sensory loss to light touch and pinprick. Again, there was no quantified evidence as to what levels were obtained. Furthermore, there were no suggestive findings of significant pathology, to include tumor, infection or fracture. There was no support of motor loss. As such, the request for repeat magnetic resonance imaging (MRI) of lumbar spine is non-certified.