MAXIMUS Federal Services

Case Number:	CM13-0057469		
Date Assigned:	12/30/2013	Date of Injury:	04/30/2013
Decision Date:	06/02/2014	UR Denial Date:	10/18/2013
Priority:	Standard	Application Received:	10/18/2013

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, has a subspecialty in Pain Management, 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 43 year old with an injury date on 4/30/13. Based on the 9/9/13 progress report provided by [redacted] the diagnoses are work related fall, headaches, cervical spine, strain with radicular complaints, thoracic spine strain / bilateral pectoral strain, and lumbar spine strain with radicular complaints On 5/15/13 examination, patient exhibited "decreased range of motion, tenderness, and pain in cervical back and thoracic back. In L-spine, patient exhibits tenderness, pain, spasm, but normal range of motion, no bony tenderness, no swelling, no edema, no deformity, no laceration, and normal pulse. Patient displays no weakness, normal straight leg raise test, normal coordination, but abnormal gait." Reviews of the reports do not show any evidence of MRIs being done in the past. [redacted] is requesting an MRI of the patient's L-spine. The utilization review determination being challenged is dated 10/18/13, citing history of prior lumbar MRI without surgical indication and no evidence of red flags. [redacted] is the requesting provider, and he provided treatment reports from 5/3/13 to 12/9/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI OF THE LUMBAR SPINE: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310.

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

Decision rationale: According to the 5/15/13 report by [redacted], this patient presents with "severe headache, pain level 9/10. Occasional blurred vision, dizziness. Denis nausea, vomiting. Headache is more on left side. Throbbing back pain moves around body; today, pain is on left side. Also complains of left leg pain, and is able to ambulate slowly." The request is for an MRI of the patient's L-spine. On 6/10/13, patient stated that headaches and back pain were staying constant, but neck, chest, and left thigh pain were improving with rest and medication. As of 7/8/13, patient reports lower back pain is worst, and hasn't improved since last evaluation; however, sternum pain has improved. On 8/5/13, symptoms are unchanged, and patient has difficulty sleeping due to severity of pain. As of 10/7/13, patient reports improvement in neck pain but continuing radiculopathy in lower extremities and still has not undergone recommended physical therapy or acupuncture. Review of the reports shows no evidence of previous MRIs being done. On 9/9/13, [redacted] stated: "In my previous report an MRI of the cervical and lumbar spine was request in order to rule out disc pathology. At this time, he states neck pain has improved, but pain in the low back radiating to lower extremities with numbness and tingling remains unchanged. Thus, I would like to request authorization for MRI of lumbar spine to rule out herniated nucleus pulposus." ACOEM guidelines state: "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. Indiscriminant imaging will result in false positive findings, such as disk bulges, that are not the source of painful symptoms and do not warrant surgery." ODG guidelines state: "MRI's are test of choice for patients with prior back surgery. Repeat MRI's are indicated only if there has been progression of neurologic deficit." It has been over 6 months since injury with persistent pain in low back with radicular symptoms. Given the significant radicular symptoms, an MRI at this juncture is medically necessary.