

Case Number:	CM13-0059096		
Date Assigned:	04/11/2014	Date of Injury:	04/26/2010
Decision Date:	06/30/2014	UR Denial Date:	11/25/2013
Priority:	Standard	Application Received:	11/27/2013

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 32 year old female who reported an injury on 04/26/2010 due to an unknown mechanism. The clinical note dated 11/06/2013 indicated the injured worker reported pain in the mid and lower back with pain radiating to the right and left lower extremities. The injured worker reported her pain was described as constant, dull, aching, throbbing, burning, tingling and electric. The injured worker rated her pain at a 9/10 brought on with sitting, standing, walking, bending, running, weather changes, sexual activity and lifting. On physical exam, the lumbar spine range of motion revealed 50 degrees of flexion, 15 degrees of extension, 20 degrees of lateral bending to the left and right and 20 degrees of rotation to the left and right. There was no specific thoracic tenderness or paraspinous muscle spasms. The injured worker had lumbar tenderness and paraspinous muscle spasming. Straight leg raising was negative for pain in the lower back in a supine position bilaterally. The injured worker had a positive Gaenslen's sign. The injured worker's sensation was intact in all dermatomes of the lower extremities and thoracic region. The injured worker had normal motor strength and normal reflexes. The unofficial x-ray dated 06/02/2013 revealed no change with flexion/extension and no discrete PARS interarticular defect. The injured worker's medication regimen included Naproxen, Protonix, Flubriprofen, Menthoderm cream, Gabapentin, Flexeril, Tramadol ER and Norco. The request for authorization was submitted on 11/18/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI OF THE THORACIC SPINE: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 California MTUS/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. The Official Disability Guidelines state 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). There is lack of documentation of a complete assessment of the injured workers thoracic spine. There is lack of evidence of neurologic deficit upon physical exam. In addition the injured worker previously had an MRI of the thoracic spine; however, the date and results of the MRI were not included within the medical records and there is a lack of evidenc of a significant change in symptoms or findings of significant pathology. Therefore per the CA MTUS/ACOEM guidelines, the request for thoracic spine MRI is not medically necessary.

MRI OF THE LUMBAR SPINE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM, CHAPTER 12, 303

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back, MRIs (magnetic resonance imaging).

Decision rationale: The California MTUS/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. The Official Disability Guidelines state 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). There is lack of documentation of a complete assesment of the injured workers lumbar spine. There is lack of evidence of neurologic deficit upon physical exam. In addition the injured worker previously had an MRI of the lumbar spine; however, the date and results of the MRI were not included within the medical records and there is a lack of evidenc of a significant change in symptoms or findings of significant pathology. Therefore, based on the documentation provided, the request for lumbar MRI is not medically necessary.

