

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM13-0060400 | | |
| Date Assigned: | 04/25/2014 | Date of Injury: | 08/04/2013 |
| Decision Date: | 05/28/2014 | UR Denial Date: | 11/20/2013 |
| Priority: | Standard | Application Received: | 12/03/2013 |

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a Physician Reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The Physician Reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Sports Medicine, and is licensed to practice in Texas. 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 Physician 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 49 year old male with a reported date of injury on 08/04/2013; the mechanism of injury was not provided in the supplied documentation. An MRI dated 12/20/2013 found 3mm broad left foraminal protrusion with an annular tear and moderate left neural foraminal encroachment and mild right neural foraminal encroachment at the L3-L4 level and a 4mm broad posterior protrusion with an annular tear with moderate central canal stenosis and mild to moderate foraminal stenosis to the L4-L5 level. The clinical note dated 01/28/2014 included subjective findings to include unquantified low back pain. Objective findings included diffuse tenderness to the lumbar spine, negative straight leg raises bilaterally, normal strength and sensory examination bilaterally, and normal deep tendon reflexes bilaterally. The injured worker's lumbar range of motion was measured at 70 degrees flexion, 10 degrees extension, and 20 degrees left and right bending. It was also noted that the injured worker was not interested in pain management at time of examination. Diagnoses included L4-L5 and L5-S1 mild disc protrusion with annular tear and neuroforaminal and central canal moderate stenosis. The request for authorization for an MRI of the lumbar spine was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI FOR THE LUMBAR SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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, MRI's

Decision rationale: The request for MRI of the lumbar spine is non-certified. It was noted that the injured worker had unquantified low back pain and diffuse tenderness over the lumbar spine; however, the injured worker had an otherwise normal examination with no finds of radiculopathy or neurological defects. It was also noted that the injured worker had an MRI performed on 12/20/2013 which revealed a 3mm broad left foraminal protrusion with an annular tear and moderate left neural foraminal encroachment and mild right neural foraminal encroachment at the L3-L4 level and a 4mm broad posterior protrusion with an annular tear with moderate central canal stenosis and mild to moderate foraminal stenosis to the L4-L5 level. The ACOEM indicates that lumbar spine x-rays are not recommended in injured workers with low back pain in the absence of red flags for serious spinal pathology. The guidelines also indicate that 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. The documentation provided shows a lack of evidence that the injured worker is experiencing radiculopathy or neurological defects. Additionally, Official Disability Guidelines indicate that repeat MRIs are not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. Based on the documentation provided, there is no significant evidence that the injured worker has significant changes in symptoms since the last MRI was conducted. Due to the above points this request for an MRI of the lumbar spine is non-certified.