

Case Number:	CM13-0066665		
Date Assigned:	01/03/2014	Date of Injury:	05/26/2010
Decision Date:	05/12/2014	UR Denial Date:	11/18/2013
Priority:	Standard	Application Received:	12/16/2013

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:

This 47 year-old female sustained an injury on 5/26/10 while employed by [REDACTED]. Request under consideration include MRI of the lumbar spine. Diagnosis List Sciatica. Report Of 10/21/13 From The provider noted patient with low back pain since driving long distances; pain not associated with numbness or leg weakness rated at 8/10. Symptoms are relieved with NSAIDs and patient has requested for Toradol shot which worked well in the past. Medications list Temazepam, Sprix spray, Norco, Valium, Zoloft, Wellbutrin, Lyrica, Dulcolax, Multiple Vitamin, Senna, Dulcalax suppository. Exam noted no midline lumbosacral tenderness, no paraspinal muscle tenderness, no paraspinal soft tissue induration or spasm; negative straight leg seated raise. Plan include refill of multiple medications. Report of 11/10/13 noted patient with lower back discomfort of pain. Medication list unchanged. Exam only documented alert, oriented x 3 in acute distress. There was no neurological findings or exam documented. Plan was for an updated MRI since last done over 2 years prior. Toradol was again injected. The request for MRI of the lumbar spine was non-certified on 11/18/13 citing guidelines criteria and lack of medical necessity.

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: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310. Decision based on Non-MTUS Citation MTUS: ACOEM, LOW BACK COMPLAINTS, 308-310

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 33-304.

Decision rationale: This 47 year-old female sustained an injury on 5/26/10 while employed by [REDACTED]. Request under consideration include MRI of the lumbar spine. Diagnosis list Sciatica. Report of 10/21/13 from the provider noted patient with low back pain since driving long distances; pain not associated with numbness or leg weakness rated at 8/10. Symptoms are relieved with NSAIDs and patient has requested for Toradol shot which worked well in the past. Medications list Temazepam, Sprix spray, Norco, Valium, Zoloft, Wellbutrin, Lyrica, Dulcolax, Multiple Vitamin, Senna, Dulcalax suppository. Exam noted no midline lumbosacral tenderness, no paraspinal muscle tenderness, no paraspinal soft tissue induration or spasm; negative straight leg seated raise. Plan include refill of multiple medications. Report of 11/10/13 noted patient with lower back discomfort of pain. Medication list unchanged. Exam only documented alert, oriented x 3 in acute distress. There was no neurological findings or exam documented. Plan was for an updated MRI since last done over 2 years prior. Toradol was again injected. Per ACOEM Treatment Guidelines for the Lower Back Disorders, under Special Studies and Diagnostic and Treatment Considerations, states criteria for ordering imaging studies such as the requested MRI (EG, Proton) spinal canal and contents, Lumbar without contrast, include Emergence of a red flag; Physiologic evidence of tissue insult or neurologic dysfunction; Failure to progress in a strengthening program intended to avoid surgery; Clarification of the anatomy prior to an invasive procedure. Physiologic evidence may be in the form of definitive neurologic findings on physical examination and electrodiagnostic studies. Unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist; however, review of submitted medical reports have not adequately demonstrated the indication for MRI of the lumbar spine nor document any specific clinical findings to support this imaging study as the patient has intact neurological exam without deficits throughout bilateral lower extremities nor is there any acute flare-up or new injury to indicate for repeat study. When the neurologic examination is less clear, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. The MRI of the lumbar spine is not medically necessary and appropriate.