

Case Number:	CM13-0069171		
Date Assigned:	01/03/2014	Date of Injury:	08/10/2012
Decision Date:	04/25/2014	UR Denial Date:	12/11/2013
Priority:	Standard	Application Received:	12/20/2013

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 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 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 32-year-old female who reported an injury on 08/10/2012. The patient was working with multiple printers stacked on top of one another and as she was putting paper into the bottom printer, 1 of the top printers fell and she extended her right arm to prevent the printer from hitting her but it landed on her and knocked her to the floor, at which time she lost consciousness. The documentation indicated the patient had a prior MRI of the lumbar spine. The physical examination on 01/14/2013 revealed the patient had a straight leg raise with the right over the left was 80/90 degrees, and in the supine position it was 40/70. The sciatic nerve root irritability sign was positive on the right. Sensation did not reveal any area of loss of sensitivity in either lower extremity. Deep tendon reflexes were 1+ at the knees and were unobtainable at the bilateral ankles. There was no gross muscle weakness. The patient's subjective complaints were of upper and lower back pain with radiation into the right leg that was sharp, achy and stabbing. The documentation of 11/13/2013 revealed the patient had complaints of a constant, sharp, burning pain across the low back and buttocks with numbness and tingling, radiating down the right leg to the sole of the foot and into the toes. The physical examination of the lumbar spine revealed the patient had decreased range of motion and tenderness to palpation along the spinous processes from T3 to the coccyx, and over the paraspinal musculature from T2 to the calf bilaterally. The patient had knee jerks of 1+ on the right and 2+ on the left with reinforcement, and the ankle jerks were 1+ on the right and absent on the left with reinforcement. The straight leg raise was 45 degrees on the right, and 50 degrees on the left. Sensory examination via pinprick revealed reduced sensibility over the lateral aspect of the right foot. Muscle strength in selectively tested muscles revealed weakness of the right toe on extension. The patient's diagnoses included cervical spine sprain and strain, superimposed upon degenerative changes and disc bulges at C3-4 and C5-6, and lumbosacral spine

sprain/strain. It was indicated that the medical records did not reflect complaints concerning the lumbar spine until 01/14/2013. The patient had an episode when she collapsed from back pain and was transported to the emergency room for treatment in 09/2013. However, the records were not provided for review. The treatment plan included an MRI of the lumbar spine and that the records from the emergency room visit following the patient's collapse be forwarded to him.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI LUMBAR SPINE W/O DYE: Upheld

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

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 Chapter, MRI

Decision rationale: The Official Disability Guidelines do not recommend repeat MRIs unless there is a significant change in symptoms and/or findings suggestive of a significant pathology. The clinical documentation submitted for review indicated the patient's objective physical examination had changed significantly. The comparison of the 01/14/2013 and the 11/13/2013 examinations revealed changes in the myotomal and dermatomal examination. The quality of the patient's pain had changed from stabbing to burning. Given the above, and the change of the patient's objective physical examination, the request for a lumbar MRI is medically necessary.