MAXIMUS Federal Services

Case Number:	CM13-0069607		
Date Assigned:	01/03/2014	Date of Injury:	09/11/2012
Decision Date:	06/30/2014	UR Denial Date:	12/09/2013
Priority:	Standard	Application Received:	12/23/2013

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 Internal Medicine, has a subspecialty in HPM, and is licensed to practice in Pennsylvania. 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 41-year-old gentleman with a date of injury of 09/11/2012. The AME and initial acupuncture reports performed by [redacted] and [redacted] respectively dated 03/25/2013 and 04/11/2013 identified the mechanism of injury as immediate pain and numbness involving the lower back, left buttock, leg, and flank as the worker stepped down from the back of his tow truck. [redacted] office visit notes dated 12/19/2012, 01/17/2013, 02/14/2013, 04/11/2013, and 05/01/2013 reported the worker complained of severe, uncontrolled, and debilitating pain and numbness that involved the left leg more than the right. These notes indicted the examinations were limited by pain, but the report dated 02/14/2013 documented strength, sensation, reflexes, and gait were all normal and equal on both sides at that time. Advanced imaging of the lumbar spine with MRI was done on 10/15/2012 and 03/13/2013. Both reports described small disc bulges causing mild to moderate neuroforaminal narrowing at L3-L5 and mild spinal canal stenosis at L5. The nerve conduction report dated 03/14/2013 did not demonstrate evidence of lumbosacral radiculopathy at that time. The worker's symptoms did not improve despite treatment with medications (anti-inflammatory, muscle relaxants, antidepressants, gabapentin, and opioids), physical therapy, chiropractic care, a TENS unit, two epidural spinal injections, two sessions of acupuncture, ice, stretching and relaxation techniques, and a functional restoration program. Subsequent detailed examinations by [redacted], and [redacted] documented in their respective reports dated 05/09/2013, 08/13/2013, and 11/08/2013 described objective decreased motion in the lumbar joints, positive straight leg testing, and decreased sensation in the L5-S1 dermatome pattern concerning for radiculopathy. Reports by [redacted] and [redacted] dated 08/13/2013 and 11/08/2013 respectively indicated the worker was again a candidate for steroids injected into the spine region. A Utilization Review decision was rendered on 12/09/2013 recommending non-

certification for repeat imaging of the lumbar spine with MRI. Additional records reviewed include [redacted] note dated 06/06/2013, the functional restoration team weekly report for 06/13-06/21/2013, and [redacted] notes dated 09/24/2013 and 11/12/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

REPEAT MRI LUMBAR SPINE: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287-326.

Decision rationale: The MTUS Guidelines recommend reserving imaging of the lumbar spine with MRI for those with objective examination findings identifying specifc nerve compromise not responsive to conservative management for at least a month and who are potential candidates for surgical interventions. These guidelines further strongly encourage that management of chronic pain include the use of medications with proven benefits, such as anti-inflammatory medications, and intensive interdisciplinary rehabilitation and/or exercise therapy. The MTUS Guidelines also encourage that repeat advanced imaging should be limited to those with newly worsened or changed signs and symptoms. The submitted documentation supports a worsening of the worker's conidtion. A thorough examination documented in [redacted] report dated 02/14/2013 indicated that motor function, sensation, reflexes, and gait were normal and equal on both sides. A nerve conduction report dated 03/14/2013 demonstrated there was no evidence of radiculopathy at that time. However, detailed examinations by [redacted], and [redacted] documented in their respective reports dated 05/09/2013, 08/13/2013, and 11/08/2013 described objective decreased motion in the lumbar joints, positive straight leg testing, and decreased sensation in the L5-S1 dermatome pattern concerning for radiculopathy. The worker had not responded to multimodality conservative management over several months. Reports by [redacted] and [redacted] dated 08/13/2013 and 11/08/2013 respectively indicated the worker was now a candidate for spinal injections and recommended a surgical evaluation be obtained. The submitted and reviewed documentation is consistent with MTUS Guidelines, and repeat imaging of the lumbar spine with MRI is medically necessary.