

Case Number:	CM14-0007169		
Date Assigned:	02/07/2014	Date of Injury:	10/16/2007
Decision Date:	08/05/2014	UR Denial Date:	12/24/2013
Priority:	Standard	Application Received:	01/20/2014

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 Occupational Therapy 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 patient is a 66-year-old female who has submitted a claim for cervical spine sprain/strain with radicular symptoms, bilateral wrist tenosynovitis, right carpal tunnel syndrome, lumbar spine sprain/strain with radicular symptoms, status post right shoulder arthroscopic surgery (July 2010); associated with an industrial injury date of 10/16/2007. Medical records from 12/03/2012 to 01/21/2014 were reviewed and showed that patient complained of neck pain with radiation to the bilateral shoulders, bilateral hand and wrist pain, and intermittent low back pain with radiation to the right knee and leg. Physical examination showed tenderness of the paralumbar muscles with spasms. Range of lumbar spine motion is restricted to pain. Straight leg raise test was positive on the left. Weakness was noted in the calf and great toe muscles. There is decreased sensation to light touch in the L5 and S1 dermatomes. MRI of the lumbar spine, dated 02/20/2013, showed no significant stenosis from L1-L2 through L5-S1. Official results were not made available. Treatment to date has included physical therapy, aquatic therapy, ESI, benazepril, metformin, tramadol, Lidoderm patch, Tylenol, and right shoulder arthroscopy (July 2010). Utilization review, dated 12/24/2013, denied the request for MRI of the lumbar spine because there were no significant changes in symptoms and findings suggestive of significant pathology.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 MAGNETIC RESONANCE IMAGING (MRI) SCAN OF THE LUMBAR SPINE WITHOUT CONTRAST MATERIAL: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 11th Edition, (web), 2013, Low Back - Lumbar & Thoracic (Acute & Chronic), MRI (magnetic resonance imaging).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Magnetic Resonance Imaging.

Decision rationale: As stated on pages 303-304 of the ACOEM Practice Guidelines referenced by CA MTUS, imaging of the lumbar spine is recommended in patients with red flag diagnoses where plain film radiographs are negative; unequivocal objective findings that identify specific nerve compromise, failure to respond to treatment, and consideration for surgery. In addition, ODG states that magnetic resonance imaging (MRI) is indicated for uncomplicated low back pain with radiculopathy after at least 1 month conservative therapy, or sooner if severe or progressive neurologic deficit occurs. In this case, previous MRI of the lumbar spine, dated 02/20/2013, showed no significant stenosis from L1-L2 through L5-S1. There is no compelling indication for a repeat MRI at this time because the patient did not exhibit progressive neurologic deficits that may indicate significant pathology. The medical necessity was not established. Therefore, the request for 1 Magnetic Resonance Imaging (MRI) Scan of the Lumbar Spine Without Contrast Material is not medically necessary.