MAXIMUS Federal Services

Case Number:	CM14-0008655		
Date Assigned:	02/21/2014	Date of Injury:	08/01/2001
Decision Date:	08/05/2014	UR Denial Date:	12/17/2013
Priority:	Standard	Application Received:	01/22/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Illinois. 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 62-year-old male who reported an injury on 08/01/2001. The mechanism of injury is unknown. The injured worker complained of daily low back pain with activity. He stated the pain extended to the right hip, right buttocks, and down his foot. The injured worker had dull aching pain that felt like pins and needles. The injured worker also stated that with cold weather the pain increased. The injured worker had had temporary relief with rest, activity modification, and medications. He rated his pain at 3/10 at rest, which increased to 5/10 on VAS. Physical examination revealed weakness and a lump in front of his ankle, and constant swelling in the knee. He had limited range of motion of the toes and walked with a limp. Examination also revealed on motor power hip flexion on the right to be 4/5, hip adduction to be 5/5, knee flexion 5/5, knee extension 5/5, and extensor hallucis longus 5/5. Straight leg raise was negative bilaterally at 90 degrees. The injured worker has diagnoses of right leg radiculopathy with hip flexor weakness, lumbosacral spondylosis without myelopathy, and spinal stenosis of the lumbar region. The submitted report lacked evidence of any past treatment the injured worker has had within the last 12 years. The current treatment plan is for an MRI of the lumbar spine without contrast. The rationale was not submitted for review. The request for authorization form was submitted on 12/09/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI OF LUMBAR SPINE WITHOUT CONTRAST,: 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) Magnetic resonance imaging (MRIs).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

Decision rationale: The request for MRI of lumbar spine without contrast is not medically necessary. The injured worker complained of daily low back pain with activity. He stated the pain extended to the right hip, right buttocks, and down his foot. The California MTUS/ACOEM Guidelines recommend the use of MRI when there is 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. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. Indiscriminant imaging will result in false positive findings, such as disk bulges, that are not the source of painful symptoms and do not warrant surgery. Given the above, the injured worker is not within ACOEM Guidelines. The injured worker had no evidence of any soft tissue deficits or any nerve dysfunctions. The only finding noted to support neurological dysfunctional was a mild motor strength deficit with hip flexion on the right. The reports lacked any evidence of a deep tendon reflex loss, other motor loss, or sensory loss to support the need for an MRI. Therefore, further evidence of nerve dysfunction should be obtained. As such, the request for MRI of lumbar spine without contrast is not medically necessary.