

Case Number:	CM14-0009276		
Date Assigned:	02/14/2014	Date of Injury:	10/10/1995
Decision Date:	06/30/2014	UR Denial Date:	12/23/2013
Priority:	Standard	Application Received:	01/23/2014

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 Internal Medicine 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 63-year-old woman with a date of injury of 10/10/1995. A detailed description of the mechanism of injury was not included in the submitted and reviewed documentation. [REDACTED] office visit notes dated 04/22/2013, 06/25/2013, 11/04/2013, and 12/02/2013 indicated the worker was experiencing moderate to severe lower back pain that went into both legs. Examinations recorded in these notes demonstrated tenderness in the lumbar region and some possible decreased movement in the spine joints. While the notes reported the neurologic findings were unchanged, the documentation did not include a detailed description of the objective neurologic signs. The report of the EMG and NCS of the legs done on 11/05/2013, which included a comparison with the study done on 10/31/2011, described findings consistent with continued unchanged left L4 radicular involvement, overall worsening of muscle deconditioning in both legs, and a probable worsening of the right L5 radicular involvement. The submitted documentation reviewed did not address if the worker was a surgical candidate or what intervention(s) was being considered. In addition, the reports reviewed did not describe any recent attempted change to the treatment plan, such as the addition of physical therapy. A Utilization Review decision was rendered on 12/23/2013 recommending non-certification for imaging of the lumbar spine with MRI.

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: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM (AMERICAN COLLEGE OF OCCUPATIONAL AND ENVIRONMENTAL MEDICINE) 2ND EDITION, CHAPTER 12-LOW BACK COMPLAINTS, TABLE 12-8

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

Decision rationale: The MTUS Guidelines recommend reserving advanced imaging of the lumbar spine with MRI for those with clear objective examination findings identifying specific nerve compromise when the symptoms and findings do not respond to treatment with conservative management for at least a month and for whom surgery remains an option. The submitted documentation did not address if the worker was a candidate for surgical treatment or discuss what procedures were being considered depending on the results of the MRI study. Further, the documentation reviewed did not indicate any recent conservative treatment, such as physical therapy or a change in medications, was attempted. In the absence of such documentation, imaging of the lumbar spine with MRI is not medically necessary.