

Case Number:	CM14-0101146		
Date Assigned:	07/30/2014	Date of Injury:	08/16/1997
Decision Date:	09/09/2014	UR Denial Date:	06/16/2014
Priority:	Standard	Application Received:	07/01/2014

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 & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 54-year-old female who reported an injury after an employee fell off a ladder and landed on top of the injured worker on 08/16/1997. The clinical note dated 05/06/2014 indicated diagnoses of lumbago, degenerative lumbar/lumbosacral intervertebral disc, lumbosacral neuritis/radiculitis, and post laminectomy syndrome of the lumbar region, lumbosacral spondylosis without myelopathy, unspecified myalgia and myositis, intervertebral lumbar disc with myelopathy of the lumbar region. The injured worker reported chronic severe neck and low back pain. The injured worker had failed back surgery syndrome and had tried and failed Lyrica and Gralise. The injured worker reported she had pulled a muscle that extended from her head to her mid back by sneezing and had taken Norco. The injured worker reported that the lidocaine patches helped minimize her need for pain medication. The injured worker reported the average pain without medication was 10/10 and with medication was 3/10. The injured worker reported the medication prescribed was keeping her functional allowing for increased mobility and tolerance of activities of daily living and home exercises. The injured worker reported no side effects were associated with these medications and she had long been tapered off other medications. The injured worker's surgical history included shoulder impingement release surgery, 2 carpal tunnel surgeries, and lumbar fusion L2-3, L4-5 surgery. On physical examination of the thoracic, there was tenderness to palpation at the T3-4 paraspinal and on examination of the lumbosacral; there was tenderness to palpation in the low back between L3 and L5. There were palpable bands of taut muscle with positive twitch response and referred pain. Range of motion was decreased with forward flexion of 40, hypertension of 10, right lateral bend of 15, and left lateral bend of 15. The injured worker had a positive straight leg rise on the right side lying and sitting. The injured worker's strength was decreased bilaterally

upper and lower extremities and the injured worker's sensation to pinprick was decreased to the left L3 and decreased to the right L3. The injured worker's sensation to light touch was decreased at the L5-S1 distribution on the right. The injured worker's treatment included follow-up in 4 weeks, continue medications as outlined, request for psych clearance, authorization for EMG of lower extremities appeal, authorization for left L3-4 TFESI appeal and request for MRI of the lumbar spine without contrast. The injured worker's prior treatments included MRI of the lumbar spine and medication management. The injured worker underwent an epidural injection in 02/2014. The injured worker received 90% pain relief. The injured worker's medication regimen included Naproxen, Skelaxin, Norco, Neurontin, and Lidoderm. The provider submitted a request for MRI of the lumbar spine without contrast. A request for authorization was not submitted for review to include the date the treatment was requested.

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 without contrast: Upheld

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

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

Decision rationale: The request for MRI of the Lumbar Spine without contrast is non-certified. The CA MTUS/ACOEM guidelines state 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. Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (eg, tumor, infection, fracture, neurocompression, recurrent disc herniation). It was indicated the injured worker underwent an epidural injection in 02/2014 with 90% pain relief. In addition, the injured worker had a prior MRI in 05/2012; therefore, repeat diagnostic is not indicated. The guidelines recommend repeat imaging in patients when there is significant change in the patient's condition. The documentation submitted did not indicate the injured worker had findings that would support she was at risk for tumor, infection, fracture, neural compression, recurrent disc herniation. In addition, there is no suggestive significant pathology or change in symptom. Additionally, the provider did not indicate a rationale for the request. Therefore, the request for MRI of the lumbar spine without contrast is non-certified.