MAXIMUS Federal Services

Case Number:	CM14-0011031		
Date Assigned:	02/21/2014	Date of Injury:	11/16/2011
Decision Date:	06/27/2014	UR Denial Date:	01/13/2014
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 Occupational Medicine 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 50 year old female who was injured on 11/16/2011. She sustained an injury by an object that was thrown at her which she tried to catch. This caused acute worsening of low back pain and leg pain. Prior treatment history has included several injections, aquatic physical therapy, standard physical therapy, and anti-inflammatory and Narcotic pain medication. The patient had little benefit with the injections but it did not last. The medications gave her relief but not enough to be physically active so that she could return to work. Diagnostic studies reviewed include MRI of the lumbar spine obtained on 12/16/2011 revealed no disc protrusions and spinal canal and neural foraminal are widely patent. Extending nerve roots are unremarkable in appearance at L4-L5. There are mild disc bulging and dorsal annual fissure, unchanged from prior study. At L5-S1, there is a grade I retrolisthesis and at L5-S1 with mild concentric disk bulging and end plate spurring; very mild spinal foraminal encroachment as a result of re-demonstration of L4-L5 and L5-S1 degenerative disc disease with an avulsion of associated end-plate marrow signals at L5-S1 which is now fatty or modic type in the critical spinal foraminal stenosis. PR-2 dated 12/27/2013 indicates the patient had complaints of low back pain radiating to the right leg. She reported she has pain daily which feels hard and achy in nature and is worsened by lying down, sitting, standing, walking, lifting, and bending. She reported numbness in the top of the right foot and big toe. She rated the pain as 7/10. Objective findings on exam revealed tenderness to palpation at L4-L5 and L5- S1 level posteriorly. She has moderate to severe decreased range of motion secondary to pain. There are tension signs on the right but negative on the left. She had negative Patrick's test. She had decreased sensation of the top of the right foot and big toe. She has 1+ knee jerks and absent ankle jerks bilateral. Her medications included Cymbalta 60 mg, Flector patch, Norco, Opana ER 7.5 mg, and Tamoxifen 20 mg. The

patient is diagnosed with degenerative disc disease at L4-L5 and L5-S1 with radiculopathy. The treatment and plan included a request for authorization for 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: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM GUIDELINES, CHAPTER 12- LOW BACK COMPLAINTS, 303

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

Decision rationale: According to ACOEM guidelines, unequivocal objective findings that identify specific nerve compromise are sufficient to warrant imaging in patients that would consider surgery. Repeat lumbar MRI is not routinely recommended and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. The patient is a 50 year old female with chronic low back pain. The patient has radicular symptoms and radicular findings on examination. The patient is said to be progressively worsening and requiring more pain medications though prior records are not provided for comparison. There have been 2 lumbar MRI's previously done, the last over 2 years ago, neither of which demonstrated nerve impingement apparently, but the original reports are not available for review. Medical necessity is established for repeat MRI given reports of worsening symptoms, signs suggestive of nerve compromise and length of time since last study.