

Case Number:	CM14-0013193		
Date Assigned:	02/24/2014	Date of Injury:	06/26/2008
Decision Date:	07/07/2014	UR Denial Date:	01/02/2014
Priority:	Standard	Application Received:	02/03/2014

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 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 46-year-old female with a reported date of injury on 06/26/2008. The mechanism of injury was not provided within the documentation available for review. The clinical note dated 02/04/2014, indicated on physical exam of the lumbosacral spine, there was no tenderness to the lower lumbar spine. In addition, the injured worker presented with negative straight leg raise bilaterally, and no tenderness at the L4-5 region when bending. In addition, there was decreased sensory pinprick noted at the right S1 and left L5 dermatomes. The MRI of the lumbosacral spine on 12/05/2012 revealed L1-2, L2-3, and L3-4 foraminal stenosis and herniated right lateral annular fissure. Within the clinical note dated 07/31/2013, it is indicated that the injured worker complained of headaches, neck pain, upper back pain, mid back pain, low back pain, arm pain, bilateral finger numbness, and right foot numbness. The injured worker rated her pain at 5/10 to 6/10. According to the clinical note dated 12/17/2013, the injured worker participated in physical therapy and acupuncture, the results of which were not available for review. The injured worker's diagnoses included fibromyalgia, lumbosacral degenerative disc disease, stress induced Rosacea, adjustment disorder, chronic pain syndrome, bilateral borderline carpal tunnel syndrome, status post cervical fusion, post-traumatic stress disorder, thoracic outlet syndrome, myofascial pain disorder, and closed head trauma. The injured worker's medication regimen included tramadol, Zanaflex, melatonin, vitamin B12 and Minocycline. The authorization for request of magnetic resonance imaging of the lumbar spine without contrast was submitted on 02/03/2014. The rationale for the request was not provided within the clinical information available for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

MAGNETIC RESONANCE IMAGES OF LUMBAR SPINE WITHOUT CONTRAST:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, MRIs (magnetic resonance imaging).

Decision rationale: The American College of Occupational and Environmental Medicine (ACOEM) Guidelines state that 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 root dysfunction should be considered before ordering an imaging study. According to the clinical documentation, the injured worker revealed to have non-tenderness to lower lumbar spine, negative straight leg raises bilaterally, and non-tenderness at the L4-5 region with bending. The rationale for the request was not provided within the documentation available for review. The magnetic resonance imaging (MRI) of the lumbosacral spine on 12/05/2012 revealed L1-2, L2-3, and L3-4 foraminal stenosis and herniated right lateral annular fissure. There was a lack of documentation of functional deficits. There was a lack of documentation, related to previous physical therapy or acupuncture. In addition, the Official Disability Guidelines do not routinely recommend repeat MRIs. A repeat MRI should be reserved for significant change in symptoms and/or findings suggestive of significant pathology. There was a lack of documentation suggestive of significant changes in the injured workers symptoms. Therefore, the request for magnetic resonance images of lumbar spine without contrast is not medically necessary and appropriate.