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| Case Number: | CM14-0015658 | | |
| Date Assigned: | 03/03/2014 | Date of Injury: | 06/07/2013 |
| Decision Date: | 07/24/2014 | UR Denial Date: | 01/31/2014 |
| Priority: | Standard | Application Received: | 02/07/2014 |

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 39-year-old male who has submitted a claim for cervical spine sprain/strain, lumbar spine sprain/strain, myospasms, and double vision associated with an industrial injury date of June 17, 2013. Medical records from 2013-2014 were reviewed. The patient complained of low back pain, rated as mild to moderate in severity. There was no radiation of pain, but there was numbness and tingling sensation. The pain increases with prolonged walking, and decreases with pain medication. Physical examination showed tenderness with spasms of the bilateral paraspinals and quadratus lumborum muscles. There was limited range of motion secondary to pain. Sitting root test was positive. Motor strength and sensation was intact. MRI of the lumbar spine, dated January 4, 2014, showed L3-L4 broad-based disc protrusion, and spinal canal narrowing and bilateral neuroforaminal narrowing; at L4-L5, broad-based disc protrusion, and spinal canal narrowing and bilateral lateral recess and neuroforaminal narrowing; and at L5-S1, broad-based disc protrusion, and spinal canal narrowing and bilateral neuroforaminal narrowing. Treatment to date has included medications, physical therapy, acupuncture, and activity modification. Utilization review, dated January 31, 2013, denied the prospective request for MRI of the lumbar spine without contrast. Reasons for denial were not available.

IMR ISSUES, DECISIONS AND RATIONALES

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

THE PROSPECTIVE REQUEST FOR 1 MRI OF THE 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) Low Back-Lumbar and Thoracic (Acute and Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, MRI.

Decision rationale: As stated on pages 303-304 of the ACOEM Practice Guidelines, 2nd Edition (2004) referenced by CA MTUS, imaging of the lumbar spine is recommended in patients with red flag diagnoses where plain film radiographs are negative; unequivocal objective findings that identify specific nerve compromise on the neurologic examination, failure to respond to treatment, and consideration for surgery. In addition, Official Disability Guidelines recommends MRI for the lumbar spine for uncomplicated low back pain, with radiculopathy, after at least 1 month conservative therapy, sooner if severe or progressive neurologic deficit. In this case, the rationale for the request was not provided. MRI of the lumbar spine done last January 4, 2014 revealed L3-L4, L4-L5, and L5-S1 broad disc protrusion and bilateral neural foraminal narrowing. In the recent clinical evaluation, the patient still complains of low back pain with numbness and tingling sensation. However, the documentation did not describe any significant worsening of symptoms. Most recent physical findings do not show evidence of nerve compromise. There was also no discussion regarding failure to respond to treatment or future surgical plans. There is insufficient information to warrant a repeat lumbar MRI at this time. Therefore, the prospective request for 1 MRI of the lumbar spine without contrast is not medically necessary.