

Case Number:	CM14-0017525		
Date Assigned:	06/11/2014	Date of Injury:	10/15/2007
Decision Date:	07/14/2014	UR Denial Date:	01/08/2014
Priority:	Standard	Application Received:	02/11/2014

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 and Rehabilitation, has a subspecialty in Pain Medicine, and is licensed to practice in Minnesota. 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 67-year-old male who reported an injury on 10/15/07. The mechanism of injury was not provided in the documentation. Per the orthopedic evaluation dated 11/18/13, the injured worker's sensory and reflexes were intact. Per the Qualified Medical Re-Evaluation dated 2/14/14 the injured worker reported experiencing a constant dull pain to the lumbosacral spine without radiation. No associated numbness, tingling or genitourinary symptoms were noted. Electrodiagnostic studies performed in 2012 reported normal cervical and upper extremity electrodiagnostics and left lumbar L5 radiculopathy. Per the provider's documentation, the MRI of the lumbosacral spine in 2012 reported a small right foraminal disc protrusion of L3-4, causing mild narrowing of the right neural foramen, mild bilateral facet arthrosis and ligamentum flavum hypertrophy and disc osteophyte complex with disc extrusion at L4-5, which indents the ventral thecal sac, as well as bilateral facet arthrosis, ligamentum flavum hypertrophy and mild foraminal narrowing bilaterally with possible abutment of the existing L4 nerve roots at the disc osteophyte complex. A symmetric disc osteophyte complex with disc extrusion at L5-S1 mildly flattens the ventral thecal sac with mild bilateral facet arthrosis and foraminal narrowing. Physical examination of the lumbosacral spine revealed the straight leg raise while seated was negative bilaterally and the straight leg raise from the supine position was positive on the right. Previous treatments for the injured worker included physical therapy, acupuncture, and medications. The diagnoses for the injured worker were reported to include cervical spine musculoligamentous strain, cervical spondylosis, lumbosacral spine musculoligamentous strain, lumbosacral spondylosis, right shoulder adhesive capsulitis status post arthroscopic debridement, right elbow sprain, and right wrist and hand sprain.

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: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310. Decision based on Non-MTUS Citation Official Disability Guidelines.

Decision rationale: Per the California MTUS/ACOEM Guidelines, no tests are recommended for nonspecific low back pain. The guidelines recommend an MRI when cauda equina, tumor, infection, or fracture is strongly suspected, and plain film radiographs are negative. An MRI is the test of choice for injured workers with a prior back surgery. Unequivocal objective findings that identify specific nerve compromise on the neurological examination are sufficient evidence to warrant imaging in injured workers who do not respond to treatment and who would consider surgery an option. Imaging studies should be reserved for cases in which surgery is considered or red flag diagnoses are being evaluated. The Official Disability Guidelines note that repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. There is a lack of objective findings that identified specific nerve compromise upon neurological examination, including decreased sensation, lower extremity weakness and decreased reflexes. The documentation submitted does not indicate that the injured worker has findings that would support a second MRI, such as neurological changes. There is a lack of clinical findings to suggest a change in the lumbar spine or a proposed surgery after the previous MRI performed in 2012 to warrant a new MRI. As such, the request is not medically necessary.