MAXIMUS Federal Services

Case Number:	CM14-0113096		
Date Assigned:	08/01/2014	Date of Injury:	02/04/2011
Decision Date:	09/10/2014	UR Denial Date:	07/10/2014
Priority:	Standard	Application Received:	07/21/2014

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 Management 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:

This is a female patient with a date of injury of February 4, 2011. A utilization review determination dated July 10, 2014 recommends non-certification of an MRI of the lumbar spine. A progress note dated June 20, 2014 identifies subjective complaints of low back pain rated on a pain scale at a 8/10. The patient describes the pain as being constant, throbbing, with discomfort and shooting radiating pain to the groin area and into bilateral legs. The patient reports that medications help with her pain. Physical examination of the lumbar spine identifies tenderness to palpation over the lumbar paravertebral musculature, moderate facet tenderness, bilateral sacroiliac tenderness, positive Patrick's sign bilaterally, positive sacroiliac stress test bilaterally, positive Yeoman's test bilaterally, positive Kemp's test bilaterally, seated straight leg raise test positive at 60 on the right and 70 on the left, supine straight leg raise test positive at 50 on the right and at 60 on the left, and positive Forton test bilaterally. Lumbar spine range of motion is at 15 with right-sided lateral bending and 20 to the left, flexion is at 50, and extension is at 5. There is decreased sensation to pain, temperature, light touch, vibration, and two-point discrimination in the right L5 and S1 dermatomes. Lower extremity muscle testing is 4/5 with foot eversion, big toe extension, knee extension, and hip flexion. Right ankle reflex is 1+. Diagnoses include lumbar disc disease, lumbar radiculopathy, and right sacroiliac joint arthropathy. The treatment plan recommends an MRI of the lumbar spine, encouragement to engage in non-strenuous aerobic activity, continuation of current medication regimen, and advised to use interferential unit for home use.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back-Lumbar & Thoracic (Acute & 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, MRIs (magnetic resonance imaging.

Decision rationale: Regarding the request for an MRI of the lumbar spine, Occupational Medicine Practice 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 would consider surgery an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. ODG states that MRIs are recommended for uncomplicated low back pain with radiculopathy after at least one month of conservative therapy. Within the documentation available for review, there is report that the patient previously underwent an MRI in 2012. Furthermore, there is no documentation indicating how the patient's subjective complaints and objective findings have changed since the time of the most recent MRI of the lumbar spine. In the absence of clarity regarding those issues, the currently requested MRI of the lumbar spine is not medically necessary.