MAXIMUS Federal Services

Case Number:	CM14-0119430		
Date Assigned:	08/06/2014	Date of Injury:	04/09/2009
Decision Date:	09/22/2014	UR Denial Date:	07/25/2014
Priority:	Standard	Application Received:	07/29/2014

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 28-year-old female with a reported date of injury on 04/09/2009. The mechanism of injury was not submitted within the medical records. Her diagnoses were noted to include retrolisthesis and instability of L5-S1. Her previous treatments were noted to include cortisone shots, physical therapy and medications. The progress note dated 07/15/2014, revealed complaints of increased pain in the back that radiated into the bilateral legs. The physical examination revealed forward flexion was to 70 degrees; extension was to 25 degrees, lateral bending was to 30 degrees. The range of motion to the thoracolumbar spine was severely limited. There was a positive straight leg raise test noted and a little trace weakness of the ankle evertors on the left side. The Request for Authorization form was not submitted within the medical records. The request was for an MRI to the lumbar spine with and without contrast to ascertain the etiology of the injured worker's deterioration.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI Lumbar spine with and 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.

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

Decision rationale: The request for an MRI of the lumbar spine with and without contrast is not medically necessary. The injured worker complained of low back pain that radiated into her bilateral legs, as well as a positive straight leg raise and decreased range of motion. The CA MTUS/ACOEM Guidelines state 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 dysfunction should be obtained before ordering an imaging study. Indiscriminate imaging will result in false positive findings, such as disc bulges, that are not the source of painful symptoms and do not warrant surgery. If physiologic evidence indicates tissue insult or nerve impairment, the practitioner can discuss with a consultant the selection of an imaging test to identify a potential cause such as an MRI for neural deficits. The guidelines state an MRI can be used to identify and define disc protrusion, cauda equina syndrome, spinal stenosis and postlaminectomy syndrome. There is lack of documentation regarding failure of conservative treatment prior to requesting the MRI. There is lack of documentation showing significant neurological deficits such as decreased motor strength or sensation in a specific dermatomal distribution. As such, the request is not medically necessary.