

Case Number:	CM14-0129346		
Date Assigned:	08/18/2014	Date of Injury:	03/23/2000
Decision Date:	09/18/2014	UR Denial Date:	08/01/2014
Priority:	Standard	Application Received:	08/13/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Texas. 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 49 year old female who was injured on 03/23/00. Mechanism of injury is not indicated. The injured worker is status post lumbar fusion performed on 01/04/12. The injured worker complains of back pain rated at a 9/10, sciatica, and swelling in the left foot and pain in the tailbone. Records state the injured worker's diagnoses include severe L5 radiculopathy per EMG/NCV dated 03/12/12 and L2 to L4 disc protrusions and spinal stenosis per CT dated 01/04/12. The injured worker is status post lumbar fusion dated 01/04/12. Treatment has included medications such as Tizanidine, Lansoprazole, Gabapentin, Celebrex and Soma. Clinical evaluation report dated 05/01/14 notes a previous provider had indicated that there was no apparent reason to repeat previously performed studies such as a lumbar spine series. The provider agrees with this recommendation in the 05/01/14 note. Physical examination on this date reveals ROM of the lumbar spine to be 45/90 flexion, 15/25 extension; 15/25 right lateral flexion and 15/25 left lateral flexion. The next evaluation report dated 05/15/14 notes the injured worker complains of exacerbation of symptoms and spasms. Upon physical examination, ROM of the lumbar spine is noted to be 30/90 flexion, 10/25 extension, 15/25right lateral extension and 15/25 left lateral extension. The examination is noted to have created a spasm in the injured worker's back. An MRI of the lumbar spine is requested. Most recent evaluation report dated 07/01/14 reveals the injured worker's pain has reportedly worsened from 7/10 to 9/10. Physical examination on this date is unchanged from the previous exam dated 05/15/14. This note indicates the injured worker may work with restrictions to include no repetitive bending or stooping and no lifting over 10-20 pounds. An MRI of the lumbar spine is again requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI Lumbar spine: Upheld

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

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

Decision rationale: The ACOEM Guidelines states, "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." The records submitted for review included physical examinations which did not provide unequivocal objective findings identifying specific nerve compromise. Sensory, reflex and lower extremity motor testing was not included in the physical examinations. Based on the clinical information the request for an MRI of the lumbar spine is not medically necessary.