

Case Number:	CM14-0132629		
Date Assigned:	08/22/2014	Date of Injury:	05/26/2006
Decision Date:	10/24/2014	UR Denial Date:	07/29/2014
Priority:	Standard	Application Received:	08/19/2014

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 Medicine and is licensed to practice in Florida. 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 32-year-old male who reported an injury on 05/26/2006 due to lifting boxes. The injured worker's diagnosis consisted of lumbar radiculopathy. The injured worker's prescribed medications include Lyrica, Morphine Sulfate, Naproxen, and Effexor. The injured worker's surgical history includes back surgery on an unspecified date. Diagnostic tests include an MRI of the lumbar spine on 01/19/2012 and a repeat MRI of the lumbar spine on 07/26/2012; however, the results were not provided within the documentation. Past treatment has included physical therapy, exercise, acupuncture therapy, chiropractic care and epidural steroid injections. A Request for Authorization form was provided for review on 07/21/2014. Upon examination on 07/21/2014, the injured worker complained of pain in the lower back with radiation to the legs, knees, ankles, and feet. The pain was noted to be associated with tingling and numbness in the legs and feet and weakness in the legs. The pain was noted to be frequent in frequency and severe in intensity. The injured worker rated his pain as a 10, but as a 5 to 6 at its best and 10 at its worst on a VAS pain scale. He characterized the pain as sharp, dull, aching, cramping, electric like sometimes, and burning sometimes with pins and needles sensation. The pain was noted to be aggravated by bending forward, bending backwards, reaching, kneeling, crawling, doing exercise, coughing or straining, bowel movements, lying down, leaning forward, and prolonged sitting, standing, and walking. It was also noted that there was a change in the injured worker's medication in the previous months, which resulted in a significant increase in the pain and trouble sleeping due to pain. On physical examination, it was noted that the injured worker ambulated with a nonanalgesic gait. Examination of the lumbar spine revealed range of motion: Forward flexion was 45 degrees, extension 10 degrees, and side bending 15 degrees to the right and 20 degrees to the left. The plan noted a Request for Authorization for a surgical consult, psychiatric evaluation for depression, prescription for Omeprazole, Tramadol, Cyclobenzaprine,

Effexor, Naproxen, a follow-up in 4 weeks. The rationale for the request was not submitted for review.

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): 303-305.

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

Decision rationale: The California MTUS/ACOEM Guidelines state that a repeat MRI is needed when there are neurological deficits or red flag symptoms noted. Within the medical records provided for review there were no red flag symptoms noted or neurological deficits. More specifically, The Official Disability Guidelines state a repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. Within the documentation it was noted that the injured worker has had 2 MRIs in the past, the most recent was performed on 07/26/2012; from the time when the previous MRI was performed and the current physical examination, there is no indication of any drastic changes in the injured workers examination to warrant a repeat MRI. Therefore, the request for an MRI of the lumbar spine is not medically necessary.