

Case Number:	CM14-0159446		
Date Assigned:	10/03/2014	Date of Injury:	02/13/2013
Decision Date:	10/29/2014	UR Denial Date:	09/23/2014
Priority:	Standard	Application Received:	09/29/2014

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 Occupational Medicine 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:

According to the provided documents, this is a 58-year-old man with a date of injury on 2/13/13. The patient was injured while driving a forklift. The disputed request is an MRI of the lumbar spine addressed in a utilization review determination letter from 9/23/14. There is back pain extending to the left leg. The requesting report is an initial orthopedic consultation dated 9/10/14, that documents previous treatment with different providers apparently for this injury as well as for a different injury. Regarding the low back, the patient had had an AME with determination for future medical care done on 2/19/14. He has had chiropractic treatment and medication with Norflex. Treatment in May, June and July 2014 by a different provider included Motrin, and modified duties with no heavy lifting. Reportedly during that time the patient was neurologically intact. He was given a lumbar support. There is mention of a report from 8/15/14 in which the patient was still complaining of back pain and requested a refill of Motrin, the diagnosis was lumbar strain and he was returned to modified work. The treating Dr. that time discharged him with future medical care provisions. This report states the patient says he has never had an MRI of his lower back. Current medications were Motrin and medication for diabetes. Exam of the back included a slightly antalgic gait with back pain. Lumbar motion was unrestricted with pain on extremes of lumbar flexion left-sided. On the left at 45 there is discomfort with straight leg raise and supine position, negative on the right at 90. Examination noted diminished sensation over L4-5 and L5-S1 in the left leg compared to the right. Motor strength was 5/5 in the lower extremity muscle groups that were tested; knee jerks and ankle jerks were 1+ bilaterally. There was no asymmetry in circumferential muscle measurements. Diagnosis was lumbar sacral syndrome, possible disc disease. Work status was deferred until MRI can be obtained. The report documents that MRI is being recommended to determine if there is any underlying pathology that would warrant permanent work restrictions and ongoing care at the present time. There is a

PR-2 from the prior provider from 8/12/14 that indicates that the patient was there for refills. He had been released to permanent work restrictions of no heavy lifting. He still had complaints of on-off pain. Examination in that report did not mention any neurologic deficits. Follow-up was intended to be as needed, soon if the symptoms got worse. An orthopedic AME report from 2/19/14 documents 2 industrial injuries, one on 2/6/12 reportedly jarred the patient's right upper extremity and resulted in a closed humeral fracture. He was treated with Vicodin and arm sling, the fracture was later attributable to an incident that the patient had suffered at home on 12/24/11. The 2nd injury is the current issue, the injured the low back. He was seen by orthopedics, given tramadol and Zanaflex, and PT. Electrodiagnostic studies were mentioned as being done on 7/17/13 but it is not clear if this is for the upper extremities or lower. There is mention of a cortisone injection in the right shoulder on 1/6/14. At the time of the AME the lumbar spine complaints were a burning sensation exacerbated by multiple activities. There is no mention of any radicular symptoms of pain or numbness or tingling. Neurologically the lower extremities at that time were negative for any deficits, reflexes were 2+ and symmetrical at the knees and ankles strength was 5/5 in the muscle groups tested and sensation was intact. AME diagnosis for the back was lumbar strain. Patient was felt to be P&S (permanent and stationary).

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 requesting report states that the MRI is being recommended in order to determine if there is underlying pathology requiring work restrictions and ongoing care. However, this is not consistent with ACOEM guidelines indications for imaging of the lumbar spine. Guidelines do state that unequivocal objective findings identifying specific nerve compromise on the neurologic exam are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery as an option. While there is in the requesting report documentation of some loss of sensation in the left lower extremity and also pain, the only treatment provided according to the records submitted has been anti-inflammatory medications. There is no mention this patient was treated with any physical therapy, no mention of a failure of a home exercise program furthermore, the radicular symptoms and findings appear to be new (as they were not noted by multiple previous examiners) and there has not been any mention of any treatment directed specifically at those complaints. Absent a failure of conservative treatment or a red flag such as concern for fracture, tumor, infection or surgical plan, lumbar MRI is not indicated per ACOEM guidelines. Thus, taking into consideration the evidence and the guidelines, this request is not considered to be medically necessary.