

Case Number:	CM14-0164562		
Date Assigned:	10/09/2014	Date of Injury:	05/28/2013
Decision Date:	11/10/2014	UR Denial Date:	09/16/2014
Priority:	Standard	Application Received:	10/07/2014

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 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 62 year-old cashier sustained an injury on 5/28/13 while employed by [REDACTED]. Request(s) under consideration include MRI lumbar spine without contrast. Diagnoses include lumbar sprain/strain rule out HNP/ lumbar radiculopathy per electrodiagnostic studies. CT scan of 1/8/14 showed multi-level disc bulges at L3-5; EMG/NCV of 5/31/14 showed bilateral L5 and right S1 radiculopathy. Conservative care has included medications, therapy, and modified activities/rest. The patient had authorization for a lumbar epidural steroid injection on 8/4/14; however, it is unclear if this has been completed. Re Report of 6/14/14 from the provider noted the patient taking medications listing Tramadol ER, Diclofenac, and Omeprazole with another MD prescribing Tylenol #3 an Ibuprofen. Report of 7/16/14 from the pain management provider noted normal neurological exam without deficits. There was neurosurgical report of 8/1/14 noted ongoing chronic low back pain, constant neck pain and pain in right leg, bilateral knees and right foot rated at 9/10 with associated numbness and tingling in the hands, legs, feet with weakness. Exam findings included lumbar spasm, trigger points over L4-S1; limited range; positive straight leg raise (no degree specified); decreased sensation in bilateral soles of the feet; with intact DTRs and motor strength of 5/5 in bilateral lower extremities. The request(s) for MRI lumbar spine without contrast was non-certified on 9/16/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI lumbar spine without contrast: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Low Back Chapter

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304.

Decision rationale: Per ACOEM Treatment Guidelines for the Lower Back Disorders, under Special Studies and Diagnostic and Treatment Considerations, states Criteria for ordering imaging studies, include Emergence of a red flag; Physiologic evidence of tissue insult or neurologic dysfunction; Failure to progress in a strengthening program intended to avoid surgery; Clarification of the anatomy prior to an invasive procedure, not demonstrated here. Physiologic evidence may be in the form of definitive neurologic findings on physical examination and unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist; however, review of submitted medical reports have not adequately demonstrated the indication for MRI of the Lumbar spine nor document any specific clinical findings of dermatomal and myotomal deficits to support this imaging study as the patient has intact motor strength and DTRs throughout bilateral lower extremities. When the neurologic examination is less clear, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. The MRI lumbar spine without contrast is not medically necessary and appropriate.