

Case Number:	CM14-0020167		
Date Assigned:	06/11/2014	Date of Injury:	07/14/2010
Decision Date:	07/15/2014	UR Denial Date:	02/11/2014
Priority:	Standard	Application Received:	02/18/2014

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 and 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 54 year-old female sales account executive sustained an injury on 7/14/10 after playing kickball and fell on tailbone at Team Building retreat while employed by [REDACTED]. Request under consideration include MAGNETIC RESONANCE IMAGING (MRI) LUMBAR SPINE. Diagnoses include lumbosacral radiculopathy; chronic low back pain. Conservative treatment has include CESI, medications, therapy, and modified activities. Report of 11/18/13 noted patient with improvement from CESI done on 10/28/13 with plan to proceed with lumbar epidural injection. Exam of lumbar spine noted tenderness of right paraspinal muscles; mild tenderness at sciatic notch; range with flexion to 40 degrees; normal gait; 2+ DTRs with 1+ on left Achilles; negative straight leg raise; and normal motor strength and no sensory deficit. Diagnoses include neck sprain/ radiculopathy; lumbar closed vertebral fracture/ strain. The patient remains off work and has permanent restrictions. Report of 1/15/14 from the provider noted the patient with chronic low back pain; however, denies any leg weakness or numbness. The patient has not benefited from prior physical therapy treatments or nonsteroidal anti-inflammatory drugs. Current medication include Hydrocodone 6x/day. Exam was essentially unchanged with tenderness and decreased lumbar flexion however improved to 60 degrees with normal SLR and strength. Treatment request included repeating MRI of lumbar spine. The request for MAGNETIC RESONANCE IMAGING (MRI) LUMBAR SPINE was non-certified on 2/11/14 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:

MAGNETIC RESONANCE IMAGING (MRI) LUMBAR SPINE.: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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

Decision rationale: This 54 year-old female sales account executive sustained an injury on 7/14/10 after playing kickball and fell on tailbone at Team Building retreat while employed by [REDACTED]. Request under consideration include repeat of MAGNETIC RESONANCE IMAGING (MRI) LUMBAR SPINE. Diagnoses include neck sprain/ radiculopathy; lumbar closed vertebral fracture/ strain. Conservative treatment has include CESI, medications, therapy, and modified activities. Report of 11/18/13 noted patient with improvement from CESI done on 10/28/13 with plan to proceed with lumbar epidural injection. Exam of lumbar spine noted tenderness and decreased range with no evidence of neurological deficits. Report on 1/15/14 had unchanged chronic pain complaints with exam essentially unchanged with tenderness and decreased lumbar flexion however improved to 60 degrees with normal SLR and strength. Current medication include Hydrocodone 6x/day. Treatment request included repeating MRI of lumbar spine. 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. Physiologic evidence may be in the form of definitive neurologic findings on physical examination and electrodiagnostic studies. 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 repeating the MRI of the Lumbar spine nor document any specific clinical findings to support this imaging study as the patient has intact neurological exam without deficits throughout bilateral lower extremities nor is there any acute flare-up or new injury to indicate for repeat study. When the neurologic examination is less clear, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. The MAGNETIC RESONANCE IMAGING (MRI) LUMBAR SPINE is not medically necessary and appropriate.