

Case Number:	CM14-0022629		
Date Assigned:	06/11/2014	Date of Injury:	05/03/1994
Decision Date:	07/15/2014	UR Denial Date:	02/13/2014
Priority:	Standard	Application Received:	02/24/2014

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, has a subspecialty in Pain Medicine and is licensed to practice in Minnesota. 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 53-year-old male with a reported date of injury on 05/03/1994. The mechanism of injury was not reported within the medical records. His diagnoses were noted to include lumbosacral strain, status post lumbar laminectomy at L5-S1, and advanced degenerative disc disease at L4-5. His previous treatments were noted to include medications and surgery. The progress note dated 01/28/2014 reported the injured worker moved in a slow, labored manner due to the severity of back complaints. The range of motion was less than 20% of normal in all planes and the neurological exam of the lower extremities revealed no motor weakness, sensory loss, or reflex asymmetry. There was a positive straight leg raise noted bilaterally and a palpation of the lumbar spine and paraspinal musculature revealed no local spasms and there was tenderness in the midline from L3 to the sacrum. The Request for Authorization was not submitted within the medical records. The request is for MRI to the lumbar spine with contrast and without contrast, the provider's rationale was not submitted within the medical records.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI LUMBAR SPINE WITH CONTRAST: 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): 303-305.

Decision rationale: The request for the MRI lumbar spine with contrast is not medically necessary. The documentation provided showed no evidence of neurological deficits. California MTUS/ACOEM Guidelines state unequivocal objective findings that specify specific nerve compromise on the neurological examination are sufficient evidence to warrant imaging in injured worker's who did not respond to treatment and who would consider surgery an option. California MTUS/ACOEM states when the neurological examination is less clear; however, further psychologic evidence of nervous function should be obtained before ordering an imaging study. According to California MTUS/ACOEM, an MRI has an ability to identify and define low back pathology such as disc protrusion, cauda equina syndrome, spinal stenosis, and postlaminectomy syndrome. There is a lack of documentation regarding neurological deficits such as motor weakness, sensory loss, or reflex asymmetry. Therefore, given the documentation provided the request does not meet guidelines criteria and an MRI to the lumbar spine with contrast is warranted at this time. As such, the request is not medically necessary.

MRI LUMBAR SPINE WITHOUT CONTRAST: 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): 303-305.

Decision rationale: The request for MRI of the lumbar spine without contrast is not medically necessary. The documentation provided showed no evidence of neurological deficits. California MTUS/ACOEM Guidelines state unequivocal objective findings that specify specific nerve compromise on the neurological examination are sufficient evidence to warrant imaging in injured worker's who did not respond to treatment and who would consider surgery an option. California MTUS/ACOEM states when the neurological examination is less clear; however, further psychologic evidence of nervous function should be obtained before ordering an imaging study. According to California MTUS/ACOEM, an MRI has an ability to identify and define low back pathology such as disc protrusion, cauda equina syndrome, spinal stenosis, and postlaminectomy syndrome. There is a lack of documentation regarding neurological deficits such as motor weakness, sensory loss, or reflex asymmetry. Therefore, due to the lack of documentation of neurological deficits, as well as a lack of identification of disc protrusion, cauda equina syndrome, spinal stenosis, and postlaminectomy syndrome, the given information provided in the request does not meet guideline criteria. As such, the request is not medically necessary.