

Case Number:	CM14-0023900		
Date Assigned:	06/11/2014	Date of Injury:	02/28/1996
Decision Date:	07/18/2014	UR Denial Date:	01/24/2014
Priority:	Standard	Application Received:	02/25/2014

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 Illinois. 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 67 year old female who reported injury on 02/29/1996. The mechanism of injury is unknown. The injured worker complained of chronic neck pain, back spasms, migraines and persistent lower back pain. The injured worker rated her neck pain at a 5-6/10 and her overall pain at a 6/10, worse on the right side with radiating pain behind the left knee. Physical findings showed that the injured worker's lumbar spine exhibited no tenderness on palpation. A straight-leg raising test of the right leg was negative but the injured work did get lower back pain at 70 degrees and straight leg test on the left leg was negative with back pain at 50 degrees. The injured worker's diagnoses are cervicgia, chronic depression, chronic pain, diaphragmatic paralysis, hiatal hernia, migraine headaches, thoracic outlet syndrome and a vitamin D deficiency. The injured worker has had the following: Abdominal X-Ray on 07/23/2013, Esophagogram on 04/26/2013, Chest X-Ray on 01/27/2013, Chest X-Ray on 03/17/2012, Whole body bone scan on 02/01/2012, Chest X-Ray on 01/15/2012, CT on 12/07/2011, Chest X-Ray on 06/22/2011, Bilateral feet X-ray on 02/10/2009 and a Chest X-Ray on 07/21/2008. The injured worker's medications include Cymbalta 60mg 1 tablet a day #90 (3 refills), Digoxin 0.25mg 1 tablet a day #30 (10 refills), Dilt-CD 120mg 1 time per day #30 (11 refills), Docu-soft 100mg 2 capsules at bedtime (30 refills), Dulera 200-5mcg/act aero 1 puff 2 times per day, Furosemide 20mg 1 tablet a day #30 (4 refills), Lasix 20mg 1 tablet 3 times a week #30 (6 refills), Levofloxacin 500mg tablet a day, Ranitidine HCL 150mg 1 capsule a day (11 refills), TiZANidine HCL 4 mg 3 tablets at bedtime #90 (3 refills) and Zomig 5mg solution 1 spray via nostril PRN (3 refills). The plan of treatment is for an MRI of the lumbar spine. The rationale for this request was not submitted with report. The request for authorizxtion was submitted on 12/03/2013 by [REDACTED].

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI OF THE LUMBAR SPINE: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 is non-certified. The injured worker complained of chronic neck pain, back spasms, migraines and persistent lower back pain. The injured worker rated her neck pain at a 5-6/10 and her overall pain at a 6/10, worse on the right side with radiating pain behind the left knee. ACOEM guidelines state for LBP issues in particular, it is becoming increasingly understood that knowledge of the operant characteristics of the test being ordered is critical to the proper interpretation of the results. ACOEM also states the pre-test probability of disease, determined by a careful history and physical examination, and any other relevant information, is critical in being able to address the probability that the disease or abnormality identified on the image is actually causing the individual's symptoms. At present, there is not one type of imaging method that shows a clear advantage over others. In the absence of moderate- to high-quality studies, other tests are not recommended. The injured worker's report had lack of documentation regarding the injured worker's range of motion and motor strength. Furthermore the reports submitted do not show any compromised or worsening symptoms to the injured worker justifying the request for the MRI. There was also no documentation in the clinical note to indicate neurological or functional deficits. As such, the request for MRI of the lumbar spine is non-certified.