

Case Number:	CM14-0025356		
Date Assigned:	06/11/2014	Date of Injury:	05/01/1997
Decision Date:	07/15/2014	UR Denial Date:	02/14/2014
Priority:	Standard	Application Received:	02/27/2014

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 Internal Medicine and is licensed to practice 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:

The injured worker is a 48 year old female who reported an injury of unknown nature or mechanism on 05/01/1997. In a report dated 02/03/2014. She reported moderate to severe back pain in her neck, upper and lower back radiating to her arms, feet and left thigh. The worker described the pain as sore, burning, deep, discomforting, piercing, shooting and throbbing. She rated her pain at 7/10 with medications and 9/10 without. The pain was exacerbated by using stairs, bending, coughing, defecating, sneezing, bending and twisting. Her diagnoses included lumbar degenerative disc disease, facet arthropathy, lumbosacral radiculopathy and lumbar herniated nucleus pulposas. Her chart indicated that she had a number of surgeries, but none of the lumbar spine. Her medications included duragesic 12 mcg/hour patch, Lisinopril, nifedipine 10 mg, norco 10/325 mg, nortriptyline 25 mg, ephedrine sulfate ER 100 mg, Prozac 60 mg, and trazodone 50 mg. Reference is made to a previous lumbar MRI, but there was no documentation found relating to the date or results of the MRI. There was no request for authorization found in this chart.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI WITHOUT DYE OF THE LUMBAR SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Procedure Summary - Low Back.

Decision rationale: The request for MRI without dye of the lumbar spine is non-certified. The injured worker is a 48 year old female who reported an unknown injury on 05/01/1997. On 02/03/2014 she reported moderate to severe pain in her low back radiating to her feet and left thigh. Her diagnoses included lumbar degenerative disc disease, facet arthropathy, lumbosacral radiculopathy and lumbar herniated nucleus pulposas. ACOEM recommends that relying solely on imaging studies to evaluate the source of low back pain and related symptoms carries a significant risk of diagnostic confusion (false positive test results) because of the possibility of identifying a finding that was present before symptoms began and therefore has no temporal association with the symptoms. False positive results have been found in up to 50% of those over age 40. Magnet Resonance neurography (MR) may be useful in isolating diagnoses that do not lend themselves to back surgery, such as sciatica caused by piriformis syndrome in the hip. Magnetic Resonance Imaging (MRI) is specifically not recommended for lumbosacral strain. It is recommended for disc protrusion. It was noted in this chart that this worker will be referred for low back surgery. An MRI is recommended for pre-operative planning. Official Disability Guidelines recommend that MRI for uncomplicated low back pain with radiculopathy is not recommended until after at least one month of conservative therapy. Conservative care includes a self-performed exercise program, as an extension of prior physical therapy that includes ongoing back strengthening and flexibility exercises as well as aerobic exercises and recommended appropriate drug therapies, which include trials of antidepressants and/or anticonvulsants in conjunction with analgesics. MRIs are recommended for uncomplicated low back pain prior to lumbar surgery. There are insufficient data in the submitted chart which attest to prior failed trials of conservative care. Therefore the request for MRI without dye of the lumbar spine is non-certified.