

Case Number:	CM14-0025663		
Date Assigned:	06/13/2014	Date of Injury:	04/04/2003
Decision Date:	07/18/2014	UR Denial Date:	01/27/2014
Priority:	Standard	Application Received:	02/28/2014

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 Texas. 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 57-year-old male who reported an injury on 04/04/2013 from an industrial injury. The injured worker underwent a lumbar MRI on 2/10/2004 that revealed a 2 mm protrusion at L4-5 and 3-4 mm protrusion at L5-S1 with no evidence of nerve root impingement. There was another MRI on his lower back in 2012 or 2013 and the patient denied getting results of the MRI on his lower back and no records of the findings of the lower back. On 07/23/2013 X-rays of the lower back revealed degenerative changes at L5-S 1. On 01/09/2014 the injured worker complained of low back pain that radiates to his legs. The physical examination, done on 01/09/2014 revealed the lumbar spine had forward carriage posture. It was also noted that there was pelvic tilt with lateral listing to the right and restricted range of motion. Range of motion of the lumbar was 30/60 degrees on flexion and 0/25 degrees on extension. There was significant muscular tenderness throughout the paraspinal musculature, especially into the TL junction and down into the quadratus lumborum along the muscle bands with acute spasms. It was noted that the sitting straight leg raise test was positive on the left. The neurologic testing noted intact patellar and Achilles reflexes and pinwheel hyperesthesia along the L3- L4 dermatomes. Medication included Omeprazole, Tizanidine, Genicin, Somnacin, Norco, and Terocin lotion. The injured worker had difficulty with motor skills due to pain. It was noted that the injured worker received a trigger point injections to the bilateral lumbar paraspinal muscles area. Diagnoses included chronic lumbar sprain/stain, myofascitis, myospasm, and radiculopathy and rule out lumbar disc syndrome. The treatment plan included a Magnetic Resonance Imaging of the Lumbar Spine. The authorization for request was not submitted for this review.

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. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter- Lumbar & Thoracic.

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

Decision rationale: MTUS/ACOEM guidelines recommend imaging studies when physiologic evidence identifies specific nerve compromise on the neurologic examination. The rationale for the request was to re-evaluate and rule out a lumbar disc syndrome. It was also documented the injured worker obtained a MRI 6 months ago that revealed minimal findings there was no report of re-injury noted. Furthermore, the physical examination findings are consistent with no change his current diagnosis. There is a lack of objective findings identifying specific nerve compromise to warrant the use of imaging. There is also a lack of documentation to verify the failure of conservative measures. Furthermore, there is no indication of red flag diagnoses or the intent to undergo surgery. Given the above, the request for MRI of the lumbar spine is not medically necessary and appropriate.