

Case Number:	CM14-0027303		
Date Assigned:	06/13/2014	Date of Injury:	03/04/2012
Decision Date:	07/30/2014	UR Denial Date:	02/27/2014
Priority:	Standard	Application Received:	03/04/2014

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 Orthopedic Surgery 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:

The injured worker is a 44-year-old female who reported injury on 03/04/2012 due to returning a patient to a wheelchair, locking mechanism of the wheelchair came undone, causing the chair to roll backwards. The injured worker injured her right shoulder and low back. The injured worker complained of constant, moderate to severe aching, throbbing pain, with stiffness in her low back. She reported radiating pain in her buttocks and right hip and down her right leg into her thigh, occasionally into her calf. She denied any numbness, tingling, swelling, or discoloration. The injured worker denied any locking, popping or grinding sensations in her lower back. She also stated to have weakness and giving out of her right leg along with a loss of balance. Examination of the lumbar spine revealed tenderness to positive deep palpation, guarding with positive deep palpation, and muscle spasms with deep palpation. Straight leg raise and Patrick/FABERE test were both negative. The injured worker's range of motion revealed: flexion of 15 degrees, sacral flexion of 10 degrees, left lateral bending 10 degrees, and right lateral bending of 10 degrees. Pain on range of motion was also severely positive. Motor strength to the lower extremity revealed 5/5. The x-ray of the lumbar spine revealed a collapse at the L4-5 disc space. There was retrolisthesis of L4 on L5 of approximately 3 mm. Flexion/extension lateral x-ray also revealed that with flexion the patient had a 3 mm anterolisthesis and in extension had a 3 mm retrolisthesis, indicating 6 mm of translation. The MRI revealed severe loss of disc height at the L4-L5 with a retrolisthesis with bilateral femoral stenosis. The injured worker has diagnoses of right shoulder strain/sprain, impingement syndrome, and lumbar spine strain/sprain at the L4-5 disc bulge. Past treatments for the injured worker include a TENS machine, chiropractic therapy, cortisone injections, physical therapy, nerve conduction study, and medication therapy. Medications include: Norco as needed, ibuprofen as needed, and omeprazole as needed. There was no duration or frequency noted in the documents on these medications. The current

treatment plan is a request for an open MRI of the lumbar spine. The rationale and request form for authorization were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Open MRI lumbar spine: Upheld

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

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

Decision rationale: The injured worker complained of constant, throbbing, aching pain with stiffness in the low back and right shoulder. The ACOEM guidelines recommend the use of an MRI when and only when there is unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. When the neurological examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. Indiscriminant imaging will result in false positive findings, such as disk bulges, that are not the source of painful symptoms and do not warrant surgery. Given the above, the injured worker is not within the ACOEM Guidelines. The injured worker's report revealed that she had complaints of pain that radiated to her lower extremities. The injured worker had no evidence of any soft tissue deficits or any nerve dysfunctions. It was also noted that in a submitted report the injured worker was receiving physical therapy (PT) treatment. The reports lacked any evidence as whether the PT was being effective or ineffective. Furthermore, the submitted report shows there was an MRI taken in 04/2014. There was no reason to have a repeat MRI. There were no discrepancies or any major changes to the injured worker from then until present day. As such, the request for an open MRI of the lumbar spine is not medically necessary.