

Case Number:	CM14-0030434		
Date Assigned:	06/20/2014	Date of Injury:	12/15/2011
Decision Date:	07/17/2014	UR Denial Date:	02/11/2014
Priority:	Standard	Application Received:	03/10/2014

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 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 40 year old male who had a work related injury on 12/15/2011. The injured worker was repairing a washing machine which required forceful pulling of a part for a long period of time. Soon after the incident, the injured worker was working on his hands and knees and felt pain in the neck, shoulders, arms, back and knees. Diagnoses are cervical strain, left trapezius strain, lumbar strain, right knee strain, and stress syndrome. The injured worker did undergo right knee arthroscopy on 03/12/13. The injured worker has had physical therapy, chiropractic treatment, and acupuncture and medication management. The injured worker also underwent psychological treatment which has been beneficial. MRI scan of the lumbar spine dated 02/10/12 (no formal MRI report) straightening of the lumbar spine. The patient has degenerative disc disease and facet joint disease. 6-7 mm left lateral disc protrusion at the L2-3 level, causing moderate left neural foraminal stenosis. 3-4 mm asymmetric broad based disc bulging with prominence towards the right along with mild hypertrophic changes of the facet joints at the L3-4 level. This is causing mild right neural foraminal narrowing. EMG/NCV of the bilateral upper and lower extremities dated 12/17/13 (formal report not reviewed) no indicators of acute cervical and lumbar radiculopathy were not seen. No electroneurographic indicators of entrapment neuropathy were seen in the lower extremities. MRI scan of the lumbar spine dated 01/23/14 (no formal report) impression L2-3 there is minimal disc desiccation and mild decreased disc height. There is a 4-5 mm broad left foraminal disc protrusion with subtle annular tear with mild left foraminal narrowing. L3-4 there is minimal disc desiccation and mild decreased disc height. There is about 4 mm right foraminal disc protrusion with right mild foraminal narrowing. The physical examinations of the lumbar spine paravertebral muscles are tender to palpation and spasm is present. The area in question has a restricted range of motion. The injured worker complains of continuous pain in the lower back and radiates to his legs.

Coughing and sneezing aggravate his low back pain. Pain is increased with prolonged standing, walking and sitting. The injured worker has difficulty bending forward, backwards and sideways and driving for prolonged periods of time. Strength is rated as 5/5 in the lower extremities, reflexes are 2+ and symmetric in the lower extremities. The patient can heel and toe walking without difficulty. Straight leg rising is positive bilaterally in the seated position. Current medications include ibuprofen, Tylenol, aspirin, glucosamine, allegra, naproxen, hydrocodone 10/325, Prilosec, Soma, lisinopril, lovastatin, Ambien, predaline and cardivisc.

IMR ISSUES, DECISIONS AND RATIONALES

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

RQ Repeat MRI Lumbar: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back, MRI's.

Decision rationale: The request for repeat MRI lumbar spine is not medically necessary. The clinical documents do not support the request for the repeat MRI. No clinical documentation submitted revealing any progressive neurological deficits, and there is a recent MRI dated 01/23/2014. Therefore medical necessity has not been established based on American College of Occupational and Environmental Medicine (ACOEM) and Official Disability Guidelines (ODG).