

Case Number:	CM14-0030449		
Date Assigned:	04/09/2014	Date of Injury:	01/02/2003
Decision Date:	05/27/2014	UR Denial Date:	01/22/2014
Priority:	Standard	Application Received:	01/27/2014

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 Physical Medicine and Rehabilitation 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 patient is a 45-year-old male with a date of injury of 01/02/2003. The listed diagnoses per [REDACTED] are cervicalgia, post-lumbar fusion, and cervical radiculopathy. According to the report dated 01/16/2014 by [REDACTED], the patient presents with increasing neck pain and low back pain. This patient is status post cervical fusion in 2005. The patient complaints of low back pain with minimal radiation. He also has right thigh pain that has gotten gradually numb after his cervical fusion. Examination of the lumbar spine revealed normal ROM with moderate pain with extension. Straight leg raise was noted as negative. There is moderate tenderness to the lower lumbar, decreased touch and sharp right lateral thigh to midline, however, not passed the knee. Motor strength was normal. The treating physician reports patient has possible right lumbar radiculopathy versus meralgia paresthetica. Recommendation is for upright MRI, EMG for diagnosis, and continuation of medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 UPRIGHT LUMBAR MRI: 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. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

Decision rationale: For special diagnostics, MTUS/ACOEM Guidelines page 303 states, "Unequivocal objective findings that identified specific nerve compromise on the neurological examination is sufficient evidence to warrant imaging in patients who do not respond well to treatment and who would consider surgery as an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study." MTUS/ACOEM guidelines do not specifically discuss an upright MRI but Official Disability Guidelines (ODG) state that this is not recommended. In this case, medical records indicate that the patient had an MRI of the lumbar spine in 2005. Although the MRI report was not provided for review, the treating physician in his progress report dated 01/16/2014 noted, "MRI in 2005, I saw the films, basically normal." Examination report does not present significant positive neurological findings either. It was noted that patient had low back pain with "minimal radiation." Straight leg raise was noted as negative. Given the insignificant examination findings, a repeat MRI at this juncture would not be supported. The ODG also does not support standing MRI's. The request for 1 upright lumbar MRI is not medically necessary and appropriate.