MAXIMUS Federal Services

Case Number:	CM14-0033343		
Date Assigned:	06/20/2014	Date of Injury:	05/25/2013
Decision Date:	11/20/2014	UR Denial Date:	02/19/2014
Priority:	Standard	Application Received:	03/17/2014

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 Pain Management, 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 50 year old female with a date of injury on May 25, 2013. Lumbar spine magnetic resonance imaging scan dated July 8, 2013 showed multilevel disc desiccation with an L4-5 disc extrusion on the left L5 nerve root and L5-S1 disc protrusion without stenosis. An electromyogram and nerve conduction velocity test dated August 21, 2013 noted normal and there is right active L5 denervation but no radiculopathy. Records dated December 4, 2013 stated the injured worker complained of constant severe lumbar spine pain described as sharp. Pain was aggravated by sitting and standing too long. She reported radiating pain into her bilateral buttocks and bilateral thighs along with numbness into the legs. With regard to her thoracic spine, she complained of constant severe pain described as sharp. Pain was aggravated by sitting and standing too long. She reported that pain radiated to her cervical spine. Objectively, there was +4 spasm and tenderness to the bilateral thoracic paraspinal muscles from T3 to T11. There was +3 spasm and tenderness to the bilateral lumbar paraspinals from L2 to S1 and multifidus. There was +3 spasm and tenderness to the bilateral piriformis muscles. Kemp's test, straight leg raise test, Braggard's test, and Yeoman's test were positive bilaterally. Right Achilles reflex was decreased. L5 and S1 dermatomes were decreased on right. Most recent records dated February 5, 2014 state the injured worker complained of constant severe lumbar spine pain that was described as sharp. Pain was aggravated by sitting and standing too long. She reported radiating pain into her bilateral buttocks and bilateral thighs along with numbness into the legs. She also complained of constant severe thoracic spine pain described as sharp. Pain was aggravated by sitting or standing too long. The injured worker reported that pain radiates to her cervical spine, bilateral shoulders, and into her bilateral hands. Thoracic spine examination noted +4 spasm and tenderness to the bilateral paraspinal muscles from T3 to T11. Lumbar spine examination noted +4 spasm and tenderness to the bilateral lumbar paraspinal muscles from L2 to S1 and

multifidus. There was +3 spasm and tenderness to the bilateral piriformis muscles. Kemp's test, straight raising test, Braggard's test and Yeoman's test were positive bilaterally. Right Achilles reflex was decreased. L5 and S1 dermatomes were decreased on the right. She is diagnosed with (a) lumbar disc displacement with myelopathy, (b) sciatica, and (c) thoracic disc displacement with myelopathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Magnetic Resonance Imaging (MRI) of the lumbar and thoracic spine, without dye: 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)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, MRIs (Magnetic Resonance Imaging), Neck & Upper Back, Magnetic Resonance Imaging

Decision rationale: Evidence-based guidelines indicate that repeat magnetic resonance imaging scan is not routinely recommended and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (e.g. tumor, infection, fracture, neurocompression, recent disc herniation). In this case, the injured worker does not present any significant changes in her objective and subjective findings. Objective findings were the same from 12/4/2013 up to the most recent provided records dated 2/5/2014. With regard to the magnetic resonance imaging scan of the thoracic spine, guidelines state that indication for thoracic spine magnetic resonance imaging is upper back/thoracic spine trauma with neurological deficit. In this case, there are no noted neurological deficits or evidence of radiculopathy. Therefore, without evidence of significant changes in objective findings as well as absence of neurological deficit, the medical necessity of the requested magnetic resonance imaging of the lumbar spine and thoracic spine without dye is not medically necessary.