MAXIMUS Federal Services

Case Number:	CM14-0033569		
Date Assigned:	06/20/2014	Date of Injury:	06/24/2010
Decision Date:	07/18/2014	UR Denial Date:	02/12/2014
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 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:

This case involves a 48-year-old patient, who sustained an injury on 6/24/10, while employed by [redacted]. While working in a bucket, the crane's cable snapped causing the bucket to fall approximately fifteen (15) feet from the ground. The diagnoses include closed head trauma with post-concussion; cervical strain/sprain/ disc protrusion and C7 radiculopathy; bilateral shoulder sprain/strain with adhesive capsulitis s/p shoulder dislocation; healed left clavical and scapula fracture; lumbar sprain/strain with multilevel disc bulges and L5 radiculopathy; left ankle sprain/strain; headaches; and groin pain. The request(s) under consideration include a repeat MRI of back. A previous lumbar spine MRI dated 6/20/11, showed multilevel disc protrusion at L3-4, L4-5 effacing thecal sac with neuroforaminal stenosis with effacement of left L4 and L5 exiting nerve roots. An electromyography/nerve conduction study (EMG/NCS) of 1/1/12 showed lumbar left L5 radiculopathy. A neurosurgical exam of 1/18/13, noted ongoing pain and stiffness in cervical spine radiating down the upper extremities; lumbar spine pain radiating down the lower extremities, with numbness and weakness. The patient remained not working; an exam of lumbar spine showed paraspinal tenderness, limited motion, positive straight leg raise (SLR), 4+/5 motor strength of quadriceps and hamstrings, and diminished sensation of L5 and S1 dermatomes. The treatment care has included medications, rest, pain management, lumbar epidural injections, and physical therapy. A report of 10/22/13 from the provider, noted that the patient is determined to be at maximal medical improvement and was considered permanent and stationary (P&S) as of 5/28/13. Additional diagnoses of headaches and groin pain had treatment plan with referral to neurologist, internal medicine, ear/nose/throat (ENT), urologist, and psychiatrist along with sleep specialists and general surgeon and multiple repeated diagnostics. The request(s) for a repeat MRI of back was non-certified on 2/12/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

REPEAT MRI OF THE BACK: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment in Worker's Compensation, 18th Edition, 2013, Low Back, Magnetic resonance imaging (MRI).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304.

Decision rationale: The ACOEM Guidelines indicate that the criteria for ordering imaging studies includes Emergence of a red flag; Physiologic evidence of tissue insult or neurologic dysfunction; Failure to progress in a strengthening program intended to avoid surgery; Clarification of the anatomy prior to an invasive procedure. Physiologic evidence may be in the form of definitive neurologic findings on physical examination and electrodiagnostic studies. Unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist; however, review of submitted medical reports have not adequately demonstrated the indication for repeating the MRI of the Lumbar spine from one (1) done prior without any interval clinical change for a patient recently declared permanent and stationary (P&S) as of 5/28/13, having reached maximum medical improvement (MMI) without plan for surgical intervention or pain procedures. There are no documented new specific clinical findings to support this imaging study as the patient has an unchanged neurological exam, without acute deficits. There is no acute flare-up or injury to indicate repeating the study. When the neurologic examination is less clear, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. The repeat MRI of the back is not medically necessary and appropriate.