

Case Number:	CM14-0034929		
Date Assigned:	06/23/2014	Date of Injury:	03/06/2012
Decision Date:	07/24/2014	UR Denial Date:	03/13/2014
Priority:	Standard	Application Received:	03/20/2014

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 Neurology and is licensed to practice in New Jersey. 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 62-year-old man who sustained a work-related injury on March 6, 2012. Subsequently he developed low back pain. This patient's first work-related injury occurred approximately 20 years ago. He injured his neck, and was treated at Kerlan-Jobe while off work for approximately 6 months. The patient states his symptoms never completely resolved and continues to note ongoing intermittent stiffness. Approximately two years after his first work injury, he injured his right hand and wrist. He once again treated with Kerlan-Jobe and eventually underwent right hand/wrist surgery. He missed 8 weeks of work and then returned to his full duties. In 2010, in another work-related incident, the patient injured his head and nose, fracturing his right hand and spraining his left hand. He was told he had arthritis in his right wrist but not treated. He was treated with physical therapy and acupuncture which helped his spasm. According to a note dated on March 6 2012, the patient examination showed mild tenderness with reduced range of motion. Similar findings were reported in the note of September 3 2013. His lumbar MRI performed on 2012 showed multiple disc bulging with facet arthropathy. According to a report dated on February 18, 2014, the patient was reported to have increased back pain despite 2 lumbar epidural injections. No focal neurologic signs were reported. The patient was diagnosed with lumbar disc disease, lumbar radiculopathy, lumbar facet syndrome and right sacroiliac joint arthropathy. The provider requested authorization of a lumbar spine MRI.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI Lumbar spine.: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation ODG-TWC Low Back Procedure Summary.

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

Decision rationale: Regarding the indications for imaging in case of back pain, ACOEM Guidelines state, "Lumbar spine x rays should not be recommended in patients with low back pain in the absence of red flags for serious spinal pathology, even if the pain has persisted for at least six weeks. However, it may be appropriate when the physician believes it would aid in patient management. 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 neurologic 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. If physiologic evidence indicates tissue insult or nerve impairment, the practitioner can discuss with a consultant the selection of an imaging test to define a potential cause (magnetic resonance imaging [MRI] for neural or other soft tissue, computer tomography [CT] for bony structures)." The patient does not have any clear evidence of lumbar radiculopathy or nerve root compromise. The patient underwent a lumbar MRI in 2012 and there is no clear documentation of changes in the patient's symptoms and physical examination that require a repeated MRI of the lumbar spine. There is no clear evidence of significant change in the patient signs or symptoms suggestive of new pathology. Therefore, the request for MRI of the lumbar spine is not medically necessary.