

Case Number:	CM14-0035127		
Date Assigned:	06/23/2014	Date of Injury:	11/02/2009
Decision Date:	07/24/2014	UR Denial Date:	03/17/2014
Priority:	Standard	Application Received:	03/21/2014

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 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 52 year old female reported an injury on 11/02/2009. The injured worker complained of soreness at the surgical site, neck pain 5/10, and lower back pain 3-5/10. The injured worker also complained she cannot stand longer than an half an hour or walk more than a half of a block. On a physical exam dated 02/21/2014, there was diminished perception of touch of the anterior shin. The injured worker had moderate discomfort with palpation of the right lumbar spine. Straight leg testing was negative on the right. The injured worker had moderate discomfort with palpation of the right. The medications included Opana, Percocet, Xanax, Flector patches, Lexapro, and Diovan. The injured worker's diagnoses are cervical neuralgia with cervical disc herniation at multiple levels, and lumbar neuralgia with spinal cord stimulation. The injured worker had a lumbar and cervical fusion, and x-rays to the lumbar spine impression were failed back syndrome, status post lumbar fusion and right radiculopathy. The treatment plan was MRI of the lumbar spine without contrast, and CT of the lumbar spine with construction. The authorization form dated 03/10/2013 was submitted with documentation.

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 spine without contrast Qty:1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Integrated Treatment/Disability Duration Guidelines; Low Back - Lumbar and Thoracic (Acute and Chronic) Harris J. Occupational

Medicine Practice Guidelines, 2nd Edition (2004) p. 308-310 Link: <http://apgi.acoem.org/Browser/View Recommendation.aspx?rcm=1430>.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

Decision rationale: The ACOEM Guidelines states unequivocal objective findings that identify specific nerve compromise on the neurological examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery option. When a neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. There was no indication in the injured worker's physical examination dated 02/21/2011 of having a subjective or objective changing or worsening neurological occurrence, or any new warnings to support the need for an MRI without contrast. Therefore the request is not medically necessary and appropriate.

Computed Tomography (CT) of the lumbar spine with reconstruction Qty: 1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG TWC.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

Decision rationale: The ACOEM Guidelines states unequivocal objective findings that identify specific nerve compromise on the neurological examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. When a neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. There was no documentation or indication of the injured worker having significant changes in her physical condition dealing with her back pain. In addition there was no mention or documentation in the injured worker's physical examination dated 02/21/2011 of having an objective changing or worsening neurological occurrence, or any new warnings to support the need of a CT of the lumbar spine. As such the request is not medically necessary and appropriate.