

Case Number:	CM14-0036325		
Date Assigned:	06/25/2014	Date of Injury:	08/01/2001
Decision Date:	07/29/2014	UR Denial Date:	03/11/2014
Priority:	Standard	Application Received:	03/25/2014

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 & 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 injured worker is a 69-year-old female who reported an injury 08/01/2001. The mechanism of injury was not provided within the medical records. The clinical note dated 03/03/2014 indicated diagnoses of left foot neuroma and lumbar HNP. The injured worker reported continuous left foot pain and discomfort with limited range of motion. On physical examination of the left foot, there was tenderness to palpation at the second and third metatarsals with decreased range of motion with weakness. The injured worker had spasms and tenderness to the lumbar spine with a positive straight leg raise. On 01/03/2012, the unofficial MRI of the lumbar spine revealed new left sided subarticular decompression at L5-S1, interval removal of pedicle screws and posterior fusion at L4-5 and stable discogenic disease at T12-L1, L2-3, L3-4, and L5-S1, stable mild central spinal canal stenosis at L3-4 and L5-S1. The clinical note dated 01/20/2014, the injured worker reported temporary relief with injection, the injured worker reported pain with left foot. 12/23/2013 clinical note, the injured worker reported pain to left foot. On physical exam, left foot with tenderness to palpation second and third metatarsals. The injured worker's prior treatments included diagnostic imaging, surgery, medication management. The provider submitted request for MRI of the lumbar spine. A request for authorization dated 03/04/2014 was submitted for MRI of the lumbar spine; however, a rationale was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI (Magnetic resonance images) of 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 Official disability Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low back, MRIs (magnetic resonance imaging).

Decision rationale: The request for MRI (Magnetic resonance images) of lumbar spine is non-certified. The California MTUS/ACOEM Guidelines state 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. The Official Disability Guidelines further state repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (eg, tumor, infection, fracture, neurocompression, recurrent disc herniation). There is evidence of a prior MRI dated 01/03/2012, in addition, the injured worker has ongoing left foot neuropathic pain. Additionally, there is a lack of documentation indicating the injured worker has responded to conservative therapy, such as physical therapy or medications. Moreover, the documentation submitted did not indicate the injured worker had findings that would support she was at risk of infection, tumor, fracture, neural compression, or disc herniation. Therefore, based on the documentation provided, the request for MRI of the lumbar spine is non-certified.