

Case Number:	CM14-0036806		
Date Assigned:	06/25/2014	Date of Injury:	09/25/2008
Decision Date:	08/13/2014	UR Denial Date:	02/27/2014
Priority:	Standard	Application Received:	03/26/2014

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, has a subspecialty in Pain Medicine and is licensed to practice in Oklahoma and 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 50-year-old male with a reported date of injury on 09/25/2008. The mechanism of injury was not provided within the documentation available for review. Upon physical examination, the injured worker presented with lumbar spine pain. The clinical information indicated that the pain originated 09/25/2008. The injured worker presented with left total hip replacement on 12/26/2013. The injured worker indicated he had radiating pain from the lumbar spine to his neck and down into the hips. The lumbar spine MRI dated 05/26/2012 revealed mild degenerative bone and disc changes as described with 1.2 mm and 2 mm annular disc bulges at L3-4, L4-5, and L5-S1, without nerve root encroachment. EMG of the upper extremities dated 01/29/2013 revealed mild left carpal tunnel syndrome. Left hip x-ray dated 01/28/2014 revealed normal postoperative appearance, left total hip arthroplasty. The injured worker's diagnoses included headache, hip sprain, primary osteoarthritis of the pelvic region and thigh, lumbar sprain, neuralgia, and closed fracture of thoracic vertebrae. The injured worker's medication regimen included carisoprodol, OxyContin, Percocet, and Cymbalta. The Request for Authorization for MRI of the lumbar spine without dye was submitted on 03/26/2014. The rationale for the request was not provided within the documentation available for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI lumbar 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: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

Decision rationale: The California MTUS/ACOEM Guidelines indicate 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 the neurological examination is less clear; however, further physiological evidence of nerve dysfunction should be obtained before ordering an imaging study. 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 for neural or other soft tissue. In addition, the Official Disability Guidelines state that indications for magnetic resonance imaging would include lumbar spine trauma or neurological deficits. Uncomplicated low back pain, with radiculopathy, after at least 1 month of conservative therapy, sooner if severe or progressive neurological deficit. In addition, the guidelines state that repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. The injured worker underwent total left hip replacement on 12/26/2013. According to the clinical note dated 12/30/2013, the injured worker described his lumbar spine as tenderness and limited range of motion. Lumbar spine range of motion revealed flexion to 80 degrees, and extension to 5 degrees. The clinical note dated 02/18/2014, indicated the injured worker previously participated in physical therapy and aquatherapy, which was noted to provide assistance. There was a lack of documentation related to red flags or symptom changes, regarding the lumbar spine following the MRI of 2012. The injured worker states that utilizing massage and aquatherapy is decreasing his lumbar spine pain. There is a lack of documentation related to the EMG or NCV of the lower extremities, there was a lack of documentation related to the radicular and neurological deficits of the lower extremities. In addition, the Official Disability Guidelines state repeat MRI is not routinely recommended and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. Therefore, the request for MRI of the lumbar spine without dye is non-certified.