

Case Number:	CM14-0037119		
Date Assigned:	06/25/2014	Date of Injury:	06/11/2013
Decision Date:	08/12/2014	UR Denial Date:	02/27/2014
Priority:	Standard	Application Received:	03/27/2014

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 Occupational Medicine 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 patient was injured on 06/11/13 and an MRI of the lumbar spine is under review. The patient has chronic pain. She was treated with 14 sessions of physical therapy. She still has pain in the back with radiation to the right buttock and leg. She was noted to have paraspinal tenderness and normal muscle strength and reflexes but no evidence of radiculopathy. She saw The physician on 11/20/13. She had some improvement since her visit on 10/09/13 but still had pain rated 7/10. She had completed 6 PT visits. She was injured when she was struck in the back by an over 100 pound generator. The symptoms were better and were moderate. She felt tingling sharp and dull type pain and had 50% back pain and 50% leg pain with some radiation to the right buttock and legs. She had some pain and numbness in her foot. Some activities aggravated her pain. She also felt some coordination loss from weakness in her leg. Ibuprofen made the pain better. After 14 visits of PT, on 01/09/14, she had intermittent pain down the right lower extremity to her toes and on the left lower extremity to her knee. She had mild restrictions of range of motion and flexibility and mild weakness. She was weaker on the left side. Straight leg raise tests were negative. On 01/15/14, she saw the physician. Her sensation was intact and she had 5/5 motor strength and good range of motion. She has some tenderness in the midthoracic and midlumbar spine. Straight leg raise was negative. X-rays were unremarkable. Additional physical therapy was recommended. MRIs were recommended for the thoracic and lumbar spines. She was about the same on 08/28/13. An MRI was ordered along with physical therapy. A PT note dated 01/14/14 indicates no significant change in her objective examination since 12/16/13. She had attended 15 visits. She still had radiating symptoms. There was no change in her findings from 12/16/13-01/21/14. She continued PT. She attended 21 visits as of 02/27/14 and had canceled or missed 5 appointments. Her findings were unchanged. No electrodiagnostic studies were reported.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI Lumbar spine w/o dye: 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 (ODG) - TWC ODG Treatment/Disability Duration Guidelines Low back - Lumbar & Thoracic (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

Decision rationale: The history and documentation do not objectively support the request for an MRI of the lumbar spine. The ACOEM Guidelines Chapter 12 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 (magnetic resonance imaging [MRI] for neural or other soft tissue, computer tomography [CT] for bony structures). The patient has multiple nonspecific findings with no clear documentation of consistent radicular pain that is reproduced on physical examination, including with straight leg raise tests. There is no evidence of radiculopathy or progressive focal neurologic deficits for which this type of imaging study appears to be indicated. There is no evidence that urgent or emergent surgery is under consideration. No EMG demonstrating the presence of radiculopathy has been submitted. Without findings on physical examination, it is not clear how the results of an MRI are likely to guide further treatment. The medical necessity of an MRI of the lumbar spine has not been demonstrated. The claimant has multiple nonspecific findings with no clear documentation of consistent radicular pain that is reproduced on physical examination, including with straight leg raise tests. There is no evidence of radiculopathy or progressive focal neurologic deficits for which this type of imaging study appears to be indicated. There is no evidence that urgent or emergent surgery is under consideration. No EMG demonstrating the presence of radiculopathy has been submitted. Without findings on physical examination, it is not clear how the results of an MRI are likely to guide further treatment. The medical necessity of an MRI of the lumbar spine has not been demonstrated.