

Case Number:	CM14-0043080		
Date Assigned:	06/30/2014	Date of Injury:	12/31/2003
Decision Date:	08/27/2014	UR Denial Date:	04/04/2014
Priority:	Standard	Application Received:	04/09/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 64-year-old male who reported an injury on 12/31/2003. The mechanism of injury was noted to be the repetitive lifting of heavy boxes. The injured worker's diagnosis was noted to be cervical/upper trapezial musculoligamentous sprain/strain. The injured worker had prior treatment of an x-ray, MRIs, aqua therapy and physical therapy as well as epidural steroid injections. The injured worker had an evaluation with subjective complaints of low back pain described as sharp, dull, aching, burning, stiff, sore, with tingling and numbness; which was noted to be constant and rated at a 6/10 on the visual analog scale. It was noted that the pain radiated to the bilateral lower extremities, left side worse than the right. In addition, the injured worker complained of neck pain. The objective findings included an inspection of the cervical spine that revealed a decrease in the cervical lordotic curvature. There was tenderness to palpation over the cervical paraspinal musculature, extending over the upper trapezius muscles with associated slight to moderate muscle guarding and spasms in addition to localized trigger points over the bilateral upper trapezius muscles. The examination of the lumbar spine revealed normal symmetry and contour. There was no evidence of atrophy, swelling or deformity. Palpation was notable for tenderness over the lumbar paraspinal musculature extending to the lumbosacral junction with associated muscle guarding and spasms, right side greater than left. Straight leg raise test in both the seated and supine positions elicits positive findings of radiating paresthesia to the right lower extremity along the L5 nerve root distribution. Range of motion of the lumbar spine was as follows: flexion was 49 degrees, extension was 13 degrees, right side bending was 14 degrees and left side bending was 13 degrees. The treatment plan was for an x-ray of the lumbar spine and in order to determine the next treatment course, authorization for an MRI study of the lumbar spine to evaluate disc pathology and/or stenosis would assist in determining the injured worker's best treatment course.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prospective request for 1 MRI of the lumbar spine: Upheld

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

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 prospective request for 1 MRI of the lumbar spine is not medically necessary. The California MTUS/American College of Occupational and Environmental Medicine Guidelines state that unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in injured workers who do not respond to treatment and who would consider surgery an option. In addition, the Official Disability Guidelines do not routinely repeat an MRI. A repeat MRI should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (tumor, infection, fracture, neural compression, recurrent disc herniation). The objective examination of the injured worker's previous MRI with signs and symptoms was not provided. There was a lack of objective findings or physiological evidence indicating specific nerve root compromise per the neurological examination to warrant imaging. The documentation does not indicate physiologic evidence of tissue insult or neurovascular dysfunction. It is not noted that there has been a failure to progress in a strengthening program. As such, the prospective request for 1 MRI of the lumbar spine is not medically necessary.