

Case Number:	CM14-0043377		
Date Assigned:	06/20/2014	Date of Injury:	04/15/2013
Decision Date:	07/18/2014	UR Denial Date:	03/03/2014
Priority:	Standard	Application Received:	03/17/2014

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 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 33-year-old female with a reported date of injury on 05/15/2013. The mechanism of injury was noted to be a repetitive trauma lifting injury. Her diagnoses were noted to include lumbago, displacement of lumbar intervertebral disc without myelopathy, lumbar radiculopathy and myalgia. Her previous treatments were noted to include activity modification, acupuncture, a TENS unit, epidural steroid injections and medications. The progress note dated 04/24/2014 reported the injured worker complained of frequent pain in her lower back traveling to her right buttocks, right leg posteriorly to the ankle which she described as aching, burning and stiff, rated 6/10 to 7/10. The injured worker also reported occasional numbness and weakness in her leg. The provider reported an official MRI to the lumbar spine dated 07/24/2013 reported L4-5, 2.2 mm central focal disc protrusion that abuts the thecal sac. The physical examination of the lumbar spine reported a bilateral positive straight leg raise, no loss of sensibility and normal sensation or pain in the hip and groin bilaterally corresponding to the S2 dermatome. The provider reported at levels L3-4, L4-5 and L5-S1 palpation revealed moderate paraspinal tenderness bilaterally. The provider reported at levels L3-4, L4-5 and L5-S1 palpation revealed moderate spinal tenderness bilaterally. The examination revealed palpation and moderate tenderness of the facet joints referring to the iliac crest. A request for authorization form was not submitted within the medical records. The retrospective request for an MRI of the lumbar, cervical spine MRI and a right knee MRI does not have the provider's rationale submitted within the medical records.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE REQUEST (DATE OF SERVICE BETWEEN 7/3/2013 AND 7/24/2013): 1 LUMBAR SPINE MRI: 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 rationale: The retrospective request (date of service between 7/3/2013 and 7/24/2013): 1 lumbar spine MRI is not medically necessary. The injured worker had a previous lumbar spine MRI dated 07/28/2013. According to the California MTUS Guidelines/ACOEM Guidelines, 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. On the neurological examination, it is less clear; however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. Indiscriminate imaging would result in positive findings such as disc bulges that are not the source of painful symptoms and do not warrant surgery. If physiological evidence indicates tissue insult or nerve impairment, the practitioner can discuss with the consultant the selection of an imaging test to find a potential cause such as an MRI for neurological issues. An MRI can be used to identify and define low back pathology such as disc protrusion, cauda equina syndrome, and spinal stenosis and post laminectomy syndrome. There is not enough documentation regarding significant neurological deficits such as decreased motor strength or sensation in a specific dermatomal distribution. Therefore, due to there not being enough documentation regarding significant neurological deficits and a previous MRI being performed without a significant change in clinical pathology reported, a lumbar MRI is not warranted at this time. The request is not medically necessary.

. RETROSPECTIVE REQUEST (DATE OF SERVICE BETWEEN 7/3/2013 AND 7/24/2013): 1 CERVICAL SPINE MRI: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management, Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

Decision rationale: The retrospective request (date of service between 7/3/2013 and 7/24/2013): one cervical spine MRI is not medically necessary. The injured worker complained of pain to her neck traveling to her bilateral shoulders and bilateral arms to the elbow, rated 3/10 to 4/10. The California MTUS/ACOEM Guidelines state physiologic evidence may be in the form of definitive neurologic findings on physical examination, electrodiagnostic studies, laboratory tests or bone scans. Unequivocal findings to identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction

can be obtained before ordering an imaging study. If physiologic evidence indicates tissue insult or nerve impairment, consider a discussion with a consultant regarding the next steps including a selection of imaging tests to define a potential cause such as using an MRI for neural issues. Studies may be considered to further define problem areas. The recent evidence indicates cervical disc annular tears may be missed on MRIs. The clinical significance of the finding is unclear, as it may not correlate temporarily or anatomically with symptoms. The guidelines state an imaging study may be appropriate for a patient who has limitations due to consistent symptoms that have persisted for 4 to 6 weeks or more when surgery is being considered, for a specific anatomic defect, or to further evaluate the possibility of potentially serious pathology such as a tumor. The physical examination performed did not show deficits to the cervical spine and due to the lack of documentation showing significant neurological deficits such as decreased motor strength or sensation in a specific dermatomal distribution, a cervical spine MRI is not warranted at this time. Therefore, the request is not medically necessary.

RETROSPECTIVE REQUEST (DATE OF SERVICE BETWEEN 7/3/2013 AND 7/24/2013): 1 RIGHT KNEE MRI: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 314-343.

Decision rationale: The retrospective request (date of service between 7/3/2013 and 7/24/2013): one right knee MRI is not medically necessary. The injured worker reported pain to her cervical spine, lumbar spine and left knee. According to the California MTUS/ACOEM Guidelines, loose knee problems improve clinically once any red flag issues are ruled out. For patients with significant hemarthrosis and a history of acute trauma, radiography is indicated to evaluate for a fracture. Reliance on imaging studies to evaluate the source of knee symptoms may carry significant risk of diagnostic confusion (false/positive test results) because of the possibility of identifying a problem that was present before the symptoms began and therefore has no temporal association with the current symptoms. Even so, remember that while experienced examiners can usually diagnosis an anterior cruciate ligament tear in the no acute stage based on a history and physical examination, these injuries are commonly missed or over diagnosed Also note that an MRIs are superior to arthrography for both diagnosis and safety reasons. An MRI is used to identify and define the pathology such as a meniscus tear, ligament strain, ligament tear, patellofemoral syndrome, and tendinitis and prepatellar bursitis. There is not enough documentation regarding the physical examination or subjective complaints in regards to the right knee to warrant an MRI. The injured worker did not list complaints to the right knee. Therefore, the request is not medically necessary.