

Case Number:	CM14-0046677		
Date Assigned:	07/02/2014	Date of Injury:	11/05/2008
Decision Date:	09/16/2014	UR Denial Date:	03/25/2014
Priority:	Standard	Application Received:	04/14/2014

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 Internal Medicine and is licensed to practice in Maryland. 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 employee was a 57 year old female who sustained an industrial injury on 11/05/08. She tripped and fell landing on both knees while unloading construction materials. She underwent surgery to her right upper extremity in the form of a trigger finger release, deQuervain's and a carpal tunnel release. She subsequently developed symptoms of reflex sympathetic dystrophy. She underwent two right knee meniscectomies and she had the onset of RSD-like symptoms. Her medications included Anaprox, Protonix, Flexeril, Percocet, Imitrex, Topamax and Lyrica. She was seen by the pain management provider on 06/27/13. She had right facial pain, right arm and right foot pain. She was noted to have tenderness and spasm of lumbar spine with decreased and painful range of motion. Her diagnoses during that visit included cervical disc bulge, right upper extremity radiculopathy, status post bilateral knee surgeries, status post right middle trigger finger release, status post right wrist carpal tunnel release and complex regional pain syndrome. The x-ray of the lumbar spine done during that visit showed normal vertebral heights and disc heights. The request was for MRI of lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the lumbar spine: 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)- Low Back, MRI.

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

Decision rationale: The employee was being treated for pain of neck, right and left shoulders, bilateral knees and lower back. She was being treated with NSAIDs, Flexeril, Percocet and other conservative measures. Her pertinent diagnosis was disc protrusion of lumbar spine. The ACOEM Guidelines support imaging of the lumbar spine for red flag signs where plain film radiographs are negative, or have unequivocal objective findings that identify specific nerve compromise on neurologic examination, or be considered for surgery and do not respond to treatment. In this case, there is documentation of pain and tenderness with spasm of paraspinal muscles. However, there is no documentation pertaining to examination of the sensory, motor and deep tendon reflexes of the lower extremities. There is no suggestion of nerve impingement or radiculopathy. There is also no suggestion of red flags. Hence the request for MRI of the lumbar spine is not medically necessary or appropriate.