MAXIMUS Federal Services

Case Number:	CM14-0047127		
Date Assigned:	06/20/2014	Date of Injury:	08/19/2011
Decision Date:	07/18/2014	UR Denial Date:	03/14/2014
Priority:	Standard	Application Received:	04/16/2014

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 claimant injured her low back on 08/19/11. She had repeat MRI of the lumbar spine that included 3D sequences on 12/02/13 and this study is under review. She saw [redacted] on 09/11/13. She had ongoing low back and right knee symptomatology. She was getting worse. She was status post 3 epidural steroid injections and 3 cortisone injections to her right knee the previous year. She had tenderness over the bilateral paraspinal regions. She also had limited range of motion and positive bilateral straight leg raise tests and Kemp's sign. She had 4/5 motor strength at L5-S1 and decreased sensation on the right at L5-S1. She was diagnosed with right knee pain and arthropathy of the lower leg. Pool therapy had been requested. An updated MRI and EMG/NCV were requested. She saw [redacted] on 10/31/13. She complained of pain in the low back at level 7/10 with spasms while bending. She had difficulty getting out of bed and had no pain in her legs but occasional tingling to the feet. She was injured while working as a nursing assistant. She has received chiropractic treatment. She is status post surgery and PT for the right knee. She had a wide-based antalgic gait on the right side. She had diffuse tenderness of the lumbar spine with moderate to severe facet tenderness. Straight leg raises were positive and range of motion was decreased in the lumbar spine. She had mild weakness of the big toe extensors and knee extensors. She was diagnosed with lumbar disc disease with radiculopathy and facet syndrome. She was scheduled for an EMG/NCV on November 14, 2013 and needed a new MRI of the lumbar spine. She was advised to do a home exercise program and aquatic therapy was ordered. On 11/09/13, she saw [redacted] and she had similar findings. The MRI dated 12/02/13 revealed multilevel disc bulges. There was also some facet arthrosis and an annular tear. There was mild impression on the thecal sac at multiple levels. On 12/12/13, [redacted] recommended epidural steroid injection. Medial branch blocks were also under consideration.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request (DOS:12/2/13) for a 3D MRI of the lumbar spine with rendering and interpretation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310. Decision based on Non-MTUS Citation http://www.ncbi.nlm.nih.gov/pubmed/21740836.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Davis PC, Wippold FJ II, Cornelius RS, Angtuaco EJ, Broderick DF, Brown DC, Garvin CF, Hartl R, Holly L, McConnell CT Jr, Mechtler LL, Rosenow JM, Seidenwurm DJ, Smirniotopoulos JG, Expert Panel on Neurologic Imaging. ACR AppropriatenessÂ® low back pain. [online publication]. Reston (VA): American College of Radiology (ACR); 2011.

Decision rationale: The history and documentation do not objectively support the retrospective request for for a 3D MRI of the lumbar spine with rendering and interpretation on 12/02/13. The ACOEM Guidelines, ODG, and the listed ACR guideline do not recommend or even address this type of MRI sequencing. The indications for this type of study are not described in the file and none can be ascertained based on the submitted records. The medical necessity of this study has not been clearly demonstrated.