MAXIMUS Federal Services

Case Number:	CM14-0049292		
Date Assigned:	06/25/2014	Date of Injury:	04/25/2002
Decision Date:	08/13/2014	UR Denial Date:	03/13/2014
Priority:	Standard	Application Received:	03/25/2014

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 Nevada. 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 53-year-old female was reportedly injured on April 25, 2002. The mechanism of injury was not listed in these records reviewed. The most recent progress note dated February 4, 2014, indicated that there were ongoing complaints of low back pain radiating to the bilateral lower extremities. The physical examination demonstrated diffuse tenderness along the lumbar spine from L1 to S1. There was a positive bilateral straight leg raise and 4/5 quadriceps muscle strength. There was also tenderness noted at the medial aspect of the knees, lateral epicondyles of the elbows, the pectoralis major region, upper trapezius and levator scapulae region, which were noted to be trigger points for fibromyalgia. It was recommended that the injured employee continue with home exercise. Prescriptions were written for Omeprazole, and Hydrocodone. There was also a request for the use of a transcutaneous electrical nerve stimulation unit (TENS) and a magnetic resonance image (MRI) of the lumbar spine. No diagnostic imaging studies were reported on this date. Previous treatment included two previous lumbar spine surgeries. A request had been made for an MRI of the lumbar spine with intravenous contrast and was not certified in the pre-authorization process on March 13, 2014.

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 with IV contrast: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287.

Decision rationale: According to the medical records, the injured employee's physical examination of the lumbar spine has been unchanged with no significant neurological findings or red flags. According to ACOEM Guidelines, when neurological examination is less clear, further physiological evidence of nerve dysfunction should be obtained before considering an imaging study. For this reason, this request for a magnetic resonance image of the lumbar spine with intravenous contrast is not medically necessary.