

Case Number:	CM14-0060135		
Date Assigned:	07/09/2014	Date of Injury:	12/07/2010
Decision Date:	08/25/2014	UR Denial Date:	04/23/2014
Priority:	Standard	Application Received:	04/30/2014

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:

This is a 59-year-old female who sustained an injury on 12/07/2010 due to cumulative trauma. Treatment history includes physical therapy, acupuncture, cervical and lumbar epidural steroid injections (ESIs), and medications. Electromyography (EMG)/nerve conduction study (NCS) of the lower extremities was done on 06/06/2011 and showed findings consistent with right sided L5-S1 nerve root and left sided L5 lumbosacral radiculopathy. MRI of the lumbar spine dated 12/27/2012 showed L4-5 mild facet arthropathy. L5-S1 2 mm central disk protrusion, and mild facet arthropathy. There are no recent progress reports submitted for review. As per the UR dated 04/23/2014 the patient was evaluated on 02/26/2014 with complaints of continued mid and low back pain described as aching and sharp with numbness and tingling radiating into the legs that is worsened with prolonged sitting, standing, bending, lifting, and carrying heavy items. The lumbar spine exam showed tenderness to palpation over the paraspinal musculature. There was no muscle spasm present. The lumbar range of motion (ROM) was as follows: T12 flexion at 70 degrees, sac-flex at 23 degrees, T12 extension at 31 degrees, sac-extension at 18 degrees, T12 right at 30 degrees, sac-right at 17 degrees, T12 left at 31 degrees, and sac-left at 19 degrees. The Piriformis and Fabere tests were negative bilaterally. Straight leg raise (SLR) was positive on the left at 45 degrees. The muscle strength in the upper and lower extremities was 5/5 and sensation to pinprick, light touch, and proprioception was intact bilaterally. The diagnosis related to the lumbar spine was lumbar spine spondylosis, rule out lumbar radiculopathy. UR report dated 04/23/2014 indicates that the request for a lumbar MRI was non-certified since it was not considered medically necessary or consistent with the guidelines.

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 cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Lumbar Complaints, Special Studies and Diagnostic and Treatment Considerations, pages 303-305 Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic, MRIs (Magnetic Resonance Imaging).

Decision rationale: There is no documented evidence of recent trauma or nerve dysfunction, myelopathy, tumor, infection or fracture. ACOEM Guidelines indicate objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery as an option. Based on the lack of supporting documentation this request is not medically necessary.