

Case Number:	CM14-0069246		
Date Assigned:	09/05/2014	Date of Injury:	10/27/2011
Decision Date:	10/09/2014	UR Denial Date:	04/15/2014
Priority:	Standard	Application Received:	05/14/2014

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 Physical Medicine & Rehabilitation and is licensed to practice in Illinois. 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 55 year old female who reported an injury on 10/27/2011; the mechanism of injury was not provided. Diagnoses included lumbosacral strain. Past treatments included H-wave, heat therapy and medications. Diagnostic studies included an MRI of the lumbar spine, dated 03/05/2012, which indicated moderately severe hypertrophic facet changes with grade I degenerative spondylolisthesis of L4 with respect to L5, underlying disc protrusion, moderate spinal canal and bilateral neural foraminal stenosis, and bilateral L4-5 nerve impingement; L5-S1 disc bulge, moderately severe right greater than left hypertrophic facet changes with prominent right facet joint effusion, and mild-moderate proximal right neural foraminal stenosis. Surgical history was not provided. The clinical note dated 04/01/2014 indicated the injured worker complained of ongoing pain in the right shoulder, back and hip rated 9/10. Associated symptoms included tingling, weakness, spasm, and anxiety. Physical exam revealed tenderness to palpation in the greater trochanter region bilaterally, and trigger points in the gluteus muscles and lumbosacral region. The physician noted right lower extremity weakness and absent patellar and Achilles reflexes. Sensation was decreased in the right lateral and medial calf. Current medications included Cyclobenzaprine 7.5 mg, Gabapentin 300 mg, and Tylenol. The treatment plan included a lumbar MRI for findings of "neurologic red flags". The request for authorization form was signed on 05/14/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar MRI: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, MRIs (magnetic resonance imaging).

Decision rationale: The Official Disability Guidelines state that repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (eg, tumor, infection, fracture, neurocompression, recurrent disc herniation). In the clinical note dated 04/01/2014 the injured worker complained of back pain rated 9/10, with associated tingling, weakness and spasms. The physician noted right lower extremity weakness and absent patellar and Achilles reflexes. Sensation was decreased in the right lateral and medial calf. The physician recommended the injured worker undergo an MRI of the lumbar spine as well as EMG/NCV for radicular pain, paresthesias and weakness. A previous MRI of the lumbar spine, dated 03/05/2012, revealed bilateral L4 and L5 nerve impingement, and L5-S1 disc bulge with right neural foraminal stenosis. It is unclear if the injured worker has undergone the EMG/NCV of the bilateral lower extremities; the results of the EMG/NCV would be needed prior to a repeat MRI of the lumbar spine. Therefore, the request for lumbar MRI is not medically necessary.