

Case Number:	CM14-0074377		
Date Assigned:	07/16/2014	Date of Injury:	12/15/2006
Decision Date:	09/17/2014	UR Denial Date:	05/20/2014
Priority:	Standard	Application Received:	05/21/2014

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 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 49-year-old female who reported an injury on 12/15/2006. The mechanism of injury was noted as lifting a container. The injured worker's diagnosis included low back pain, knee pain, essential hypertension, unspecified, post laminectomy syndrome and lumbar region. Other therapies included bilateral L5 nerve root block on 05/03/2013 and an alcohol sclerosing injection on 11/25/2013. Diagnostic studies included an echocardiogram on 05/30/2014; unofficial MRI of the lumbar spine on 04/15/2013 which noted significantly degenerative and collapse L4-5 and L5-S1 region; there is what appears to be an L3-4 facet arthropathy and degenerative changes noted as well. Surgical history included left L4-5, L5-S1 laminoforaminotomy and discectomy on 10/21/2011. It was noted on the Progress Report dated 06/09/2014 the injured worker complained of low back pain that is primarily in the mid and lower lumbar spine. The injured worker reported pain radiates to the left buttocks, left posterior thigh, and left calf and described the pain as constant, moderate in intensity, sharp, throbbing, and aching. The documentation noted this was a chronic problem with essentially constant pain. The documentation noted associated symptoms included paravertebral muscle spasm, radicular left leg pain, numbness in the left thigh, weakness of the left upper leg and left lower leg and urinary incontinence. The injured worker reported pain relief with narcotic medication and pain worsens with walking and standing. The documentation also noted the injured worker complained of left knee pain primarily located in the deep generalized region but denies any radiating symptoms. The injured worker reported the pain as constant, moderate severity, sharp, aching, and stabbing with associated symptoms to include swelling. The objective findings noted the injured worker was positive for back pain, joint stiffness, and myalgias. The injured worker was positive for headaches and vertigo, anxiety, depression, feelings of stress and sleep disturbance. The documentation noted sensory deficit in the left S1 distribution and deep tendon

reflexes revealed 1/4 at the left and right patellar. The muscle strength examination noted 5/5 graded muscle strength of the iliopsoas, quadriceps, hip abductors, gluteus maximum and medius. The range of motion evaluation noted limited active range of motion with left and right lateral bending. The documentation was unclear if bilateral straight leg raise was positive or negative. Medications include Cymbalta 30 mg, MS-Contin 15 mg every 8 hours, Norco 10/325 mg every 4 hours as needed, Soma 350 mg 3 times a day as needed, Xanax 0.5 mg twice a day as needed, Dilaudid 2 mg twice a day to 3 times a day as needed, lisinopril, Plavix, and Protonix. The provider requested an MRI of the lumbar spine. The rationale for the requested treatment plan was not provided within the medical records submitted for review. The Request for Authorization Form dated 05/12/2014 was provided within the medical records submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI Lumbar spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, MRIs (Magnetic Resonance Imaging).

Decision rationale: The request for MRI of the lumbar spine is non-certified. The injured worker has a history of chronic low back pain and reported symptomatic relief provided by narcotic medication. The California MTUS/ACOEM Guidelines state that unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging study in patients who do not respond to treatment and who would consider surgery an option. When the neurologic examination is less clear; however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. The Official Disability Guidelines state that repeat MRIs are not routinely recommended and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (EG tumor, infection, fracture, neural compression, recent disc herniation). The documentation provided noted the patient has a history of chronic low back pain, underwent laminectomy surgery, and reported relief provided by narcotic medication. However, the documentation submitted for review failed to indicate any significant objective functional deficits to warrant an imaging study. The documentation provided also failed to indicate any neurological deficits as noted on the progress note that bilateral straight leg raise test was neither positive or negative. The clinical documentation submitted for review failed to indicate a significant change in the injured worker's symptoms or suggest findings of significant pathology to warrant a repeat MRI. Additionally, there is a lack of documentation to indicate any recent conservative care measures to include medication and physical methods have failed to provide symptomatic relief and improve functional capacity for a period of at least 3 to 4 weeks. Based on the above, the decision for MRI of the lumbar spine is not medically necessary.

