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| Case Number: | CM14-0074435 | | |
| Date Assigned: | 07/16/2014 | Date of Injury: | 07/24/2003 |
| Decision Date: | 09/17/2014 | UR Denial Date: | 05/09/2014 |
| 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 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:

This is a 50 year-old-female with a 7/24/03 date of injury, when she sustained cumulative trauma to her lumbar spine and bilateral wrists. She underwent anterior lumbar interbody fusion L5-S1 in 2009. The patient was seen on 10/25/13 with complaints of back pain radiating down to the right lower extremity with numbness and tingling. Exam findings of the lumbar spine revealed flexion 40 degrees, extension 15 degrees with endpoint pain, bilateral lateral flexion 20 degrees bilaterally and generalized muscle spasms of the paraspinal muscles. Straight leg raise test and sciatic stretch test was negative. The motor strength of the lower extremities was 5/5 in all muscle groups and sensory exam was intact. The patient was seen on 4/3/14 with complaints of intermittent moderate low back pain associated with weakness, numbness and tingling sensation. The pain was aggravated with prolonged standing, twisting, bending and squatting. The physical examination of the lumbar spine revealed increased tone and tenderness about the paralumbar musculature with tenderness over L5-S1 facets and right greater sciatic notch. The range of motion in the lumbar spine was: flexion 60 degrees, extension 10 degrees, right and left lateral flexion 20 degrees, left rotation 40 degrees and right rotation 30 degrees. The straight leg raise test was positive on the right; Patrick's test was positive and Trendelenburg sign, Lasague's test and Braggard's tests were negative. The sensation was decreased over the right L4-S1. The patient ambulated normally without a limp and was able to heel and toe walk. The patient was able to squat fully. The diagnosis is status post lumbar spine pathology, cervical sprain/strain and bilateral carpal tunnel syndrome. Treatment to date: anterior lumbar interbody fusion L5-S1 (05/18/2009), acupuncture and medications. An adverse determination was received on 5/9/14 given that the patient's condition had been stable for over 2 years and there were no red flags or acute symptom changes that would support an indication for additional imaging.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Spine Magnetic Resonance Imaging (MRI): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, MRI.

Decision rationale: CA MTUS supports imaging of the lumbar spine in patients with red flag diagnoses where plain film radiographs are negative; unequivocal objective findings that identify specific nerve compromise on the neurologic examination, failure to respond to treatment, and consideration for surgery. The patient underwent anterior lumbar interbody fusion L5-S1 on 05/18/2009. The patient's symptoms on the evaluation in April 2014 did not change drastically since the evaluation performed on 10/25/13. There is a lack of documentation indicating that the patient had negative plain film radiographs of the lumbar spine. In addition, there were no unequivocal objective findings that identify nerve compromise on the neurologic examination. It is not clear, why the patient needs the MRI of the lumbar spine at that time. Therefore, the request for Lumbar Spine Magnetic Resonance Imaging (MRI) was not medically necessary.