MAXIMUS Federal Services

Case Number:	CM14-0075254		
Date Assigned:	07/16/2014	Date of Injury:	09/11/2011
Decision Date:	08/22/2014	UR Denial Date:	05/14/2014
Priority:	Standard	Application Received:	05/22/2014

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 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:

The injured worker is a 53-year-old female with a reported date of injury on 09/11/2011. The mechanism of injury was noted to be due to a slip and fall. Her diagnoses are noted to include cervical spine disc syndrome, right shoulder sprain/strain, bilateral wrist tendinitis, bilateral carpal tunnel syndrome, low back pain and lumbar radiculopathy. Her previous treatments were noted to include medication, trigger point injections, physical therapy. Progress note dated 02/14/2014 revealed the injured worker complained of cervical spine pain rated 5/10 to 6/10 on a pain scale and noted the pain had increased since her last visit. The injured worker described the pain as radiating down to the bilateral arms with an occasional tingling sensation. The physical examination of the lumbar spine revealed moderate tenderness to palpation over the lumbar paraspinal muscles and moderate facet tenderness to palpation at the L4-S1 levels. There was a bilateral positive straight leg raise and decreased sensation along the L5 dermatomes. An MRI to the lumbar spine was performed 04/15/2014 which revealed transitional vertebral body at the lumbosacral junction with sacralization of L5. The last well-formed disc is L4-5. There was a 6 mm central disc herniation of L4-5 and facet arthropathy at L3-4, L4-5 and L5-S1. There was a synovial cyst on the left at L3-4. The Request for Authorization form was not submitted within the medical records. The request was for an MRI of the lumbar spine; however, the provider's rationale was not submitted within the medical records.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation ACOEM - online version, Low Back Complaints, Magnetic Resonance Imaging (MRI).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305..

Decision rationale: The injured worker complained of moderate to severe low back pain and had an MRI performed 04/2014. The CA MTUS/ACOEM Guidelines state if there are unequivocal objective findings that identify specific nerve compromise on the neurologic examination that is sufficient evidence to warrant imaging 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. Indiscriminate imaging will result in false positive findings such as disc bulges, that are not the source of painful symptoms and do not warrant surgery. If physiologic evidence indicates tissue insult or nerve impairment, the practitioner can discuss with a consultant the selection of an imaging test to define potential cause such as an MRI for neural deficits. The guidelines recommend an MRI to identify and define low back pathology in regard to disc protrusion, cauda equina syndrome, spinal stenosis and postlaminectomy syndrome. There is a lack of documentation regarding conservative treatment attempted to the lumbar spine prior to requesting the MRI. The injured worker was shown to have bilateral positive straight leg raise and decreased sensation along the L5 dermatomes bilaterally. The injured worker had an MRI performed 04/15/2014 which revealed facet arthropathy and disc herniation at L4-5. Due to the lack of documentation regarding conservative treatment to the lumbar spine attempted, an MRI to the lumbar spine is not appropriate at this time. Therefore, the request for MRI of Lumbar Spine is not medically necessary and appropriate.