

Case Number:	CM14-0076390		
Date Assigned:	07/16/2014	Date of Injury:	02/20/2009
Decision Date:	09/10/2014	UR Denial Date:	04/24/2014
Priority:	Standard	Application Received:	05/23/2014

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 case involves a male injured worker with a date of injury of 2/20/2009. Per the primary treating physician's interim history, orthopedic re-evaluation and report, the injured worker complains of continuous pain in the neck and in the lower back. The pain in the cervical spine is rated at 9/10, and in the lumbar spine is rated at 8/10, which is his pain level on a good day. On a bad day, his pain in the cervical spine and lumbar spine is rated at 9-10/10. His pain increases with prolonged sitting and standing. He is unable to sit for more than 30 minutes or stand more than 10 to 20 minutes before his lumbar spine pain symptoms increase. He has difficulty bending forward, backwards, and sideways. He also complains of continuous pain in his right foot, rated at 6-7/10. He has cramping in his right foot which sometimes gives out which causes him to lose his balance. He walks with an uneven gait and uses a cane to ambulate. On examination he has a BMI of 38 and blood pressure of 152/95. He ambulates with a normal gait without signs of antalgia. The lumbar spine examination reveals paraspinal spasms and tenderness. Lumbar spine range of motion is reduced with flexion 30/60, extension 10/25, right lateral bend 10/25, and left lateral bend 10/25. All orthopedic tests are negative bilaterally, including straight leg raise test, Braggard's test, femoral stretch test, Kemp's test, and internal and external rotation of hips. Sensory examination in the lower extremities is intact in all dermatomes bilaterally. Clonus is absent bilaterally. Babinski's reflexes are down doing bilaterally. Romberg's test is negative. Heel-toe testing is negative. Tandem gait is negative. Motor strength is reduced bilaterally at 4/5 for extensor hallucis longus (L5) and gastroc/peroneus longus (S1). Deep tendon reflexes are 2+ bilaterally. His diagnoses includes lumbar herniated nucleus pulposus at L4-5 with a grade I spondylolisthesis and instability; herniated nucleus pulposus at L5-S1; facet hypertrophy L4-S1 40 facet arthropathy at C5-6 and C6-7; bilateral plantar fasciitis; anxiety/depression secondary to industrial injury, resolved ; gastrointestinal upset, resolved; hypertension ; sexual disorder

secondary to industrial injury secondary to pain; chest pain, resolved and sleep disorder secondary to pain secondary to industrial injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI Lumbar: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 297, 303, 304, 309.

Decision rationale: The MTUS Guidelines do not recommend the routine use of MRI with low back complaints. An MRI should be reserved for cases where there is physiologic evidence that tissue insult or nerve impairment exists, and the MRI is used to determine the specific cause. An MRI is recommended if there is concern for spinal stenosis, cauda equine, tumor, infection or fracture is strongly suspected, and x-rays are negative. The requesting physician reports that the injured worker had a previous abnormal MRI showing facet hypertrophy. There is no report of a significant clinical change or new trauma since the prior MRI. The medical reports provided for review do not explain what may be expected from a repeat MRI therefore, the request is not medically necessary.