MAXIMUS Federal Services

Case Number:	CM14-0080826		
Date Assigned:	07/18/2014	Date of Injury:	12/16/1990
Decision Date:	09/15/2014	UR Denial Date:	05/22/2014
Priority:	Standard	Application Received:	06/02/2014

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 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 66 year-old patient sustained an injury on 12/16/1990 while employed by [redacted] Request(s) under consideration include prospective request for 1 lumbar open MRI. Report of 5/6/14 from the provider noted the patient with ongoing chronic low back pain radiating to feet, groin/ testicular region and medial thigh associated with intermittent numbness. Pain was rated at 10/10 without medications and 8/10 with. Exam showed decreased symmetrical DTRs, tenderness at sciatic notch and L5-S1 paraspinals; decreased lumbar range, positive bilateral SLR, antalgic gait and weakness, normal posture, lumbar spasm, diffuse decreased sensation in right L2, L4, L5, and S1 and left L3, L4 dermatomes with diffuse decreased strength in bilateral lower extremities throughout. Request(s) for prospective request for 1 lumbar open MRI was non-certified on 5/22/14 due to citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prospective Request for 1 Lumbar Open MRI: 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-Lumbar & Thoracic (Acute & Chronic).

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

Decision rationale: The medications list includes Norco, Soma, Tizanidine, Xanax, Naproxen, Senna, Promolaxin, Ompeprazole, Trazodone, Medrol pak, Ropinirole, Tamsulosin, and Lisinopril. Review of multiple previous medical reports from the provider (1/29/14, 5/6/14, 5/15/14) indicated unchanged severe pain complaints and unchanged identical clinical findings of diffuse neurological deficits without clear correlating myotomal or dermatomal pattern. Per ACOEM Treatment Guidelines for the Lower Back Disorders, under Special Studies and Diagnostic and Treatment Considerations, states criteria for ordering imaging studies include emergence of a red flag; Physiologic evidence of tissue insult or neurologic dysfunction; Failure to progress in a strengthening program intended to avoid surgery; Clarification of the anatomy prior to an invasive procedure. Physiologic evidence may be in the form of definitive neurologic findings on physical examination and electrodiagnostic studies. Unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist; however, review of submitted medical reports have not adequately demonstrated the indication for repeating the MRI of the lumbar spine nor document any new specific clinical findings to support this imaging study as the patient has unchanged neurological exam without acute deficits or progression of pathology. There is no acute flare-up or injury to indicate repeating the study. When the neurologic examination is less clear, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. Therefore, the prospective request for 1 lumbar open MRI is not medically necessary and appropriate.