

Case Number:	CM14-0081040		
Date Assigned:	07/18/2014	Date of Injury:	04/05/2014
Decision Date:	09/23/2014	UR Denial Date:	05/20/2014
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 Anesthesiology, has a subspecialty in and is licensed to practice in Florida. 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 56-year-old male who reported an injury on 02/05/2011, 07/30/2013, and 04/05/2014 due to tripping. The injured worker had a history of lower back pain and right knee pain. The diagnoses included chronic lower back pain secondary to lumbar disc degeneration. The x-ray dated 02/21/2014 of the lumbar spine revealed mild multilevel degenerative changes. No prior treatment available for review. The medication included Nexium and Percocet with a 7/10 using the VAS. The Objective findings dated 02/21/2014 revealed tenderness to palpation at the lumbar paraspinals and bilateral hamstrings, no increased pain with percussion of the spine. The range of motion was 80% of normal. Straight leg raising was negative. The motor function testing was performed using a 5 point scale with 5 representing full function: Right iliopsoas 5/5, quadriceps 5/5, tibialis anterior 5/5, extensor hallucis 5/5, and gastrocnemius 5/5; the left iliopsoas 5/5, quadriceps 5/5, tibialis anterior 5/5, extensor hallucis 5/5, and gastrocnemius 5/5. The treatment plan included a MRI to the lumbar spine. The Request for Authorization dated 07/18/2014 was submitted with documentation. The rationale for the MRI was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI lumbar spine w/o dye: 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): 301.

Decision rationale: The request for an MRI of the lumbar spine w/o dye is not medically necessary. The California MTUS/ACOEM Guidelines indicate that unequivocal objective findings that identify specific nerve compromise on the neurologic examination are 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. Indiscriminant imaging will result in false positive findings, such as disk 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 a potential cause magnetic resonance imaging for neural or other soft tissue, computed tomography. The clinical notes were not evident of any specific nerve dysfunction. The clinical notes did not indicate that the injured worker had failed conservative treatment. Motor and sensory examination revealed normal findings. The injured worker was able to return to work with breaks. The documentation was not evident of measure efficacy of the current medication regimen. The request did not specify which region of the lumbar back was to be scanned. As such, the request not medically necessary.