MAXIMUS Federal Services

Case Number:	CM14-0083544		
Date Assigned:	06/06/2014	Date of Injury:	10/25/2011
Decision Date:	07/14/2014	UR Denial Date:	05/21/2014
Priority:	Standard	Application Received:	06/05/2014

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 Illinois. 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 45 year old male who reported an injury on 10/25/2014 due to low back strain. Per the 10/31/2013 clinical note, the claimant was having continued pain in the low back radiating to the right leg. The claimant also stated having difficulty with activities of daily living. Physical examination included cervical range of motion as extension 45 degrees, lateral bending 35 degrees in either direction, and rotation 60 degrees in either direction. There was no sensory compromise in the upper extremities. Lumbar spine range of motion was noted as forward flexion 70 degrees, extension 15 degrees, lateral bending 40 degrees in either direction, or rotation of 50 degrees in either direction. There was no evidence of gait abnormality. Motor examination was normal. Deep tendon reflexes are symmetrical and preserved. Straight leg raising was positive on the right and negative on the left. Diagnostic studies reported were electromyography study and nerve conduction study on 04/19/2013. The report indicated that the claimant had a positive electromyography study. An MRI of lumbar spine performed 05/02/2012 indicated 7.5 mm central and left posterior L5/S1 disc herniation, and a six mm posterior central L4-L5 disc herniation. Diagnoses included cervical disc disease, lumbar disc disease, spondylolisthesis, disc bulges, status post lumbar decompressive laminectomy of L4 and L5 x 2 with right sided radicular signs and symptoms. There was documentation in the report of epidural steroid injections given. The operative report dated 05/15/2012 indicated a lumbar discogram and microdecompressive lumbar discectomy of L4 and L5. The medications reported were Lyrica 75mg one twice daily and Tramadol 50 mg one three times daily as needed. Treatment plan was for 1 weight bearing MRI of the lumbar spine. The rationale and request for authorization form was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 WEIGHT BEARING MRI OF THE LUMBAR SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Standing MRI, and Low Back, MRIs (Magnetic Resonance Imaging).

Decision rationale: MTUS/ACOEM Guidelines states 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. Imaging studies should be reserved for cases in which surgery is considered or red flag diagnoses are being evaluated. Regarding standing MRIs, the Official Disability Guidelines do not recommend over conventional MRIs. The Official Disability Guidelines further state, repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms or findings suggestive of significant pathology. In this case, there is no indication of a significant change in symptoms or findings suggestive of significant pathology to warrant a repeat study. Therefore, the request for 1 weight bearing MRI of the lumbar spine is not medically necessary and appropriate.