

Case Number:	CM14-0085513		
Date Assigned:	07/23/2014	Date of Injury:	03/30/2013
Decision Date:	10/09/2014	UR Denial Date:	05/15/2014
Priority:	Standard	Application Received:	06/09/2014

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 Emergency Medicine and is licensed to practice in Texas. 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 50 year old female who reported a pulling injury on 03/30/2013. Diagnoses included lumbosacral sprain/strain, and lumbar intervertebral disc disorder. The past treatments were not noted. An MRI of the lumbar spine, dated 05/21/2013, noted a 3.2mm disc protrusion and ligamentum flavum hypertrophy with mild stenosis at L4-5, and a 2mm posterior disc protrusion associated with a 3mm horizontal tear of the posterior annulus fibrosus at L5-S1. An x-ray of the lumbar spine, dated 01/30/2014, revealed vertebral body heights were well maintained, intervertebral disc space appear normal, facet joints appear normal, no fracture or mal alignment was seen, soft tissues appeared normal, and there was mild osteophyte formation at multiple levels. The progress note dated 05/02/2014, noted the injured worker complained of low back pain, rated 3/10 at rest and 7/10 with activity, radiating to the lateral hips and thighs bilaterally, with numbness and tingling down the lateral thighs bilaterally. The physical exam noted the injured worker was neurologically intact, with limited lumbar range of motion, spasm and tenderness to the bilateral paraspinal muscles, tightness to the hamstrings, 4/5 muscle strength to the bilateral lower extremities, and 2/4 deep tendon reflexes at the patella bilaterally. Medications were listed as none. The treatment plan requested an MRI of the lumbar spine without contrast because the protocol requires and MRI within the past 6-9 months for the patient to be seen by neurosurgery, and requested a bilateral lower extremity nerve conduction study/electromyogram. A lumbar brace was given and fitted. A referral for acupuncture, chiropractic, or an epidural steroid injection was offered, however, the injured worker wanted to get the studies done prior to the referrals. The Request for Authorization form was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of Lumbar Spine Without Contrast: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 304.

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, MRIs (magnetic resonance imaging).

Decision rationale: The injured worker had back pain radiating to her lateral hips and thighs bilaterally. The MRI of the lumbar spine performed on 05/21/2013, noted disc protrusion and stenosis at L4-5 and L5-S1. The California MTUS/ACOEM guidelines recommend an MRI for the emergence of a red flag, the physiologic evidence of tissue insult or neurovascular dysfunction (e.g., weakness, edema), failure to progress in a strengthening program intended to avoid surgery, clarification of the anatomy prior to an invasive procedure, or to further evaluate the possibility of potentially serious pathology, such as a tumor. The Official Disability Guidelines further state repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. There was no evidence of a red flag, or significant change in the injured worker's condition. The injured worker did not have significant weakness or evidence of tissue insult or neurologic dysfunction, there was no documentation of failure to progress in a strengthening program, and there was no indication of planned surgical intervention. As such, the request for MRI of the Lumbar Spine is not medically necessary.