

Case Number:	CM14-0086852		
Date Assigned:	07/23/2014	Date of Injury:	09/02/2009
Decision Date:	09/23/2014	UR Denial Date:	05/08/2014
Priority:	Standard	Application Received:	06/10/2014

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 Pain Medicine, 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 53-year-old female who reported injury on 09/02/2009, reportedly while working as a bank teller she slipped and fell to the ground and sustained injuries to her lower back. The injured worker's treatment history included X-rays, medications, MRI of the lumbar spine and surgery. The injured worker had undergone an MRI of the lumbar spine on 06/08/2010 that revealed L4-5 degenerative disc disease plus broad based disc bulge (3 to 4 mm) resulting in encroachment upon the epidural fat planes along the anterior aspect of the thecal sac and mouth of the right and neural foramen. There was encroachment upon the epidural fat within the right neural foramen in close relationship to the right L5 nerve root. The L2-3 level broad based disc bulge (2 mm) resulting in impression upon the thecal supraclavicular, and the L3-4 level, slight anterolisthesis of L3. There was no significant encroachment upon the thecal sac or upon the neural foramen. There are postsurgical changes at the lumbosacral junction. On 06/07/2013, the injured worker had an MRI of the lumbar spine that revealed postsurgical changes noted. There was evidence of a low lying cord with the possibility of a prior tethered cord with postsurgical changes noted. There was probable underlying dysraphism of the lower lumbar and sacral region. The injured worker was evaluated on 04/30/2014, and it was documented that the injured worker complained of lower lumbar region pain. The provider noted since her last visit her activity level had decreased. The injured worker rated her pain as a 10/10. The injured worker was taking medication as prescribed. She stated the medications were not effective. Physical examination of the lumbar spine revealed there was normal curvature of the thoracic spine. Full flexion, extension and lateral bending were noted. The spinous process was nontender to palpation and percussion. There was no midline shift. The paraspinal muscles are without tenderness, increased tone or appreciable trigger point was noted on both the sides. Ankle jerk was 1/4 on the left side. Right straight leg raising test was

negative. Pelvic compression test was negative. There is healed surgical scarring. Coccyx was not tender to palpation, and clicking noise on lateral rotation noted. Medications included Mobic 15 mg, Lidoderm patch 5% patches, and Lyrica 25 mg. Diagnoses included post lumbar laminectomy syndrome, lumbar radiculitis, lower back pain chronic, cervical pain and cervical radiculopathy. The Request for Authorization dated on 05/01/2014, was for MRI without contrast, lumbar spine. The rationale for the MRI without contrast of the lumbar spine; the injured worker had new symptoms that included new weakness and clicking noise in the lumbar area, need to rule out hardware loosening, shooting pain, getting worse with new weakness.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI without contrast, Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Online Edition: Low Back Chapter - Subheading MRI.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

Decision rationale: The request for the magnetic resonance images (MRI) of the lumbar spine without contrast is not medically necessary. ACOEM guidelines recommend imaging studies when physiologic evidence identifies specific nerve compromise on the neurologic examination. The rationale for the request was to re-evaluate and rule out a lumbar disc syndrome. It was also documented the injured worker obtained a MRI 06/07/2013 that revealed previous findings on the other 3 MRI previously noted. In addition, the documentation failed to provide MRI studies. There was no report of re-injury noted. Furthermore, the injured worker's physical examination findings are consistent with no change his current diagnosis. There is a lack of objective findings identifying specific nerve compromise to warrant the use of imaging. There is a lack of documentation to verify the failure of conservative measures. There is also no indication of red flag diagnoses or the intent to undergo surgery. Given the above, the request is not medically necessary.