

Case Number:	CM14-0093139		
Date Assigned:	07/25/2014	Date of Injury:	11/20/2013
Decision Date:	09/30/2014	UR Denial Date:	06/12/2014
Priority:	Standard	Application Received:	06/19/2014

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 Pain Medicine 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:

The injured worker is a 33 year old female who was injured on 11/20/13 when she fell multiple times. The injured worker complains of low back pain which radiates down the right leg and into the calf or ankle "at times." The pain is associated with numbness, tingling and weakness. The injured worker is diagnosed with a sprain of the lumbar region. Treatment for the lumbar spine has consisted of physical therapy, acupuncture and medication management. Physical examination dated 04/10/14 notes there is pain on AROM of the lumbar spine with flexion at 30 degrees, extension at 0 degrees, right and left rotation at 50 degrees and full right and left lateral bending. Heel and toe walking is positive. SLR is positive bilaterally with this result noted at 5 degrees on the right. Agreed Medical Evaluation dated 05/23/14 includes an impression of an X-ray examination performed on the same date. This impression notes the x-rays revealed the overall osseous density to be normal with well-maintained disc spaces. It is noted the facet joints show neither sclerosis nor degenerative changes. This evaluation report states the injured worker has not yet undergone any diagnostic testing and recommends an MRI study of the lumbar spine to evaluate for pathology. EMG/NCV studies of the lower extremities are also recommended in this note. This report states there are no signs of spondylosis or spondylolisthesis. A request for an MRI of the lumbar spine request is denied by UR dated 06/12/14 citing insufficient documentation. The rationale notes only one clinical note had been submitted for review. This is an appeal request for an MRI of the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the 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 - Treatment for Workers' Compensation, Online Edition, Chapter: Low Back - Lumbar & Thoracic (Acute & Chronic): MRIs (magnetic resonance imaging).

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

Decision rationale: ACOEM 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. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study." The records submitted for review do not reveal unequivocal objective findings which identify specific nerve compromise. Physical examination does not reveal diminished sensation or reflexes along a specific nerve root distribution. Records do note that EMG/NCV studies of the bilateral lower extremities have been suggested. ACOEM would support electrodiagnostic studies prior to imaging studies when an active radiculopathy is suspected but not clearly evident. Records do not include an electrodiagnostic report or indicate that this testing has been performed. As such, the request for an MRI of the lumbar spine is premature and medical necessity of the same is not established.