

Case Number:	CM14-0095822		
Date Assigned:	08/01/2014	Date of Injury:	12/20/2013
Decision Date:	09/10/2014	UR Denial Date:	06/13/2014
Priority:	Standard	Application Received:	06/24/2014

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 and Pain Medicine, 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 female with an unknown date of birth who reported an injury on 12/20/2013. The mechanism of injury was noted to be a slip and fall. The injured worker's diagnoses were noted to be low back strain with right lower extremity lumbar radiculitis; cervical strain with left upper extremity cervical radiculitis; urinary stress incontinence; degenerative disc disease, L5-S1, mild to moderate; and weight gain 15+ pounds. The injured worker had diagnostic testing, including x-rays. The injured worker's chief complaint was lumbar spine pain and cervical spine pain with bilateral leg and hip pain. She was using a cane to ambulate. She complained of neck pain and muscle spasms. The objective physical exam findings revealed nontender palpation of the cervical spine. There was no defect noted in the interspinous ligaments. There was tenderness to palpation of the paracervical, levator scapulae, medial trapezius parascapular muscles. Positive levator scapulae and trapezius muscle spasm was noted. There was no crepitus. Spurlings sign was positive for neck pain, radiating to the levator scapulae and trapezius muscles. The injured worker's gait was mildly antalgic because of the low back pain. Medications used were ibuprofen and Norco. The treatment plan was for medications. In addition, the treatment plan noted MRI and EMG recommendations. The provider's rationale for the request is within the treatment plan. A request for authorization form was not provided with this request.

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 without contrast as an outpatient.: 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, MRI.

Decision rationale: The request for an MRI of the lumbar spine without contrast as an outpatient is not medically necessary. The California MTUS American College of Occupational and Environmental Medicine state unequivocal objective findings that identify a 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. Indiscriminate imaging will result in false positive findings, such as disc bulges, that are not the source of painful symptoms and do not warrant surgery. The Official Disability Guidelines state MRIs are recommended for indications such as lumbar spine trauma, neurological deficit, lumbar spine injury, such as a seatbelt fracture or uncomplicated low back pain, a suspicion of cancer, an infection or other red flags. MRIs are indicated for uncomplicated low back pain with radiculopathy after at least 1 month conservative therapy and sooner if severe or progressive neurological defects occur. The guidelines continue to indicate MRIs for prior lumbar surgery, myelopathy, traumatic or painful sudden onset of infectious disease pain. In addition, MRIs are indicated for oncology patients and post surgery patients to evaluate the status of a fusion. The injured worker's evaluation does not adequately identify neurological deficits. The criteria, according to the guidelines, have not been met to warrant an MRI imaging scan. Therefore, the request for an MRI of the lumbar spine without contrast, as an outpatient is not medically necessary.