

Case Number:	CM13-0047059		
Date Assigned:	12/27/2013	Date of Injury:	01/09/2012
Decision Date:	01/16/2015	UR Denial Date:	10/11/2013
Priority:	Standard	Application Received:	11/04/2013

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, has a subspecialty in Pain Management 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:

This is a 44 year old female who sustained a work related injury on 1/09/2012 when her foot caught in a fax machine cord, resulting in a fall. She injured her neck, back, right arm, right knee, ankle, jaw and left shoulder. On 4/04/2013, she underwent an epidural steroid injection (ESI) at L5/S1, and bilateral S1 nerve root block epidural injection with a local anesthesia injection of lidocaine. Per the Primary Treating Physician's Progress Report dated 10/03/2013, the patient reported worsening shoulder pain. She reports being unable to sleep due to pain and excruciating pain in cooler weather. Physical Examination of the neck revealed mild tenderness to palpation with no misalignment, asymmetry or crepitation and decreased range of motion. Physical exam of the spine revealed mild crepitation and range of motion 30% of normal flexion and 50 % of normal extension. There is cubital tunnel in the left elbow with tuberosity in the medial collateral ligament. Positive Phalen's and Tinel's signs. There is pain noted about the medial collateral ligament and varus and valgus testing. Sensation of upper and lower extremities is intact to light touch. Magnetic resonance imaging (MRI) dated 6/18/2012 is read by the provider as showing mild to moderate 3mm L4-L5 diffuse disc bulging without degenerative disc disease and mild degenerative changes of the right L5-S1 facet joint. The report was not provided for my review. Diagnoses included chronic headaches, TMJ syndrome, cervical spine myoligamentous sprain/strain, left and right shoulder rotator cuff tendinitis/bursitis, thoracic spine sprain/strain, right carpal tunnel syndrome, lumbar spine strain/sprain, right knee sprain/strain and right ankle sprain. Work Status was temporary total disability. The request is for an MRI of the lumbar spine. The medical file includes one progress report dated 10/3/13 and provides no discussion of this request. On 10/11/2013, Utilization Review non-certified the request for magnetic resonance imaging (MRI) of the lumbar spine based on lack of medical necessity.

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 Page(s): 308-310.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low back chapter, MRI

Decision rationale: This patient presents with low back neck and upper extremities complaints. The current request is for MRI of the lumbar spine. In this case, there are no new injuries, no new examination findings, no bowel/bladder symptoms, or new location of symptoms that would require additional investigation. The requested repeat MRI of the lumbar spine is not medically necessary. For special diagnostics, ACOEM Guidelines page 303 states "unequivocal objective findings that identify specific nerve compromise on the neurological examination is sufficient evidence to warrant imaging in patients who do not respond well to treatment and who would consider surgery as an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study." For this patient's now chronic condition, ODG guidelines provide a good discussion. ODG under its low back chapter recommends obtaining an MRI for uncomplicated low back pain with radiculopathy after 1 month of conservative therapy, sooner if severe or progressive neurologic deficit. MRI dated 6/18/2012 showed mild to moderate 3mm L4-L5 diffuse disc bulging without degenerative disc disease and mild degenerative changes of the right L5-S1 facet joint. There is no physical examination of the lumbar spine and no rationale is provided for this request. In this case, there are no new injuries, no examination findings, no bowel/bladder symptoms, or new location of symptoms that would require additional investigation. The requested repeat MRI of the lumbar spine is not medically necessary.