MAXIMUS Federal Services

Case Number:	CM14-0011774		
Date Assigned:	02/21/2014	Date of Injury:	08/09/2010
Decision Date:	05/01/2015	UR Denial Date:	01/17/2014
Priority:	Standard	Application Received:	01/29/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: California
Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 female worker was injured 8/9/10. The mechanism of injury was not clear. She has had L4-5 global arthrodesis (approximately 3/13) with 70-80% improvement and mild residual symptoms. She had achiness and soreness in the back and legs with chronic right leg pain. The pain intensity ranges from 2-8/10. She experienced back cramping about every 6-8 weeks. The standing range of motion was 90 degrees; seated straight leg raise on the right was 80 degrees and left 90 degrees; heel, toe walking and heel-to-toe raising was normal; tandem was normal; gait was normal; sensory demonstrated right L4-5 dermatomal sensory loss. Her medications include Advil and Norco which has been decreased since surgery. Her diagnoses include status post L4-5 global arthrodesis; recent left shoulder injury post fall and left groin pain, rule out inguinal hernia versus diverticulitis. There is no documentation of previous radiographs or MRI's, conservative measures outside of medications work status or functional improvement. She was scheduled for maximum medical improvement permanent and stationary after MRI of the lumbar spine without contrast was requested. On 1/17/14 Utilization Review non-certified the request for MRI of the lumbar spine without contrast based on no documentation as to whether the MRI was needed for ongoing medical treatment rather than for permanent and stationary status. ACOEM guideline was referenced.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of lumbar spine with and without contrast: 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): 303-304. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, L MRI.

Decision rationale: Regarding the request for lumbar MRI, ACOEM Practice Guidelines state that 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 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. ODG states that MRIs are recommended for uncomplicated low back pain with radiculopathy after at least one month of conservative therapy. Within the documentation available for review, there is only suspicion of a higher radiculopathy due to groin pain. However, the patient is concomitantly seeking care with a gynecologist and there is a possibility of an ovarian cyst. The neurologic exam associated with this note does not indicate abnormalities in sensation or motor testing in the higher lumbar dermatomes or myotomes. Additionally, there is no statement indicating what medical decision-making will be based upon the outcome of the currently requested MRI. In the absence of clarity regarding those issues, the currently requested lumbar MRI is not medically necessary.