

Case Number:	CM14-0185896		
Date Assigned:	11/13/2014	Date of Injury:	09/24/2011
Decision Date:	01/09/2015	UR Denial Date:	10/23/2014
Priority:	Standard	Application Received:	11/07/2014

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 Emergency 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:

Patient with reported date of injury on 9/24/2011. Mechanism of injury is described as a fall from a trailer. Patient has a diagnosis of lumbar herniated nucleuses pulposus, lumbar radiculopathy, facet arthropathy, sacroiliitis, obesity, lumbar pain, lumbar degenerative disc disease, lumbago and sacral pain. Medical reports reviewed. Last report available until 12/12/14. Pt complains of low back pain. Pain is 5/10 and occasionally worsening to 8/10. Pain radiates to L lower leg. Pain causing some problems with activity. Objective exam reveals moderately obese with mild distress and moderate pain. Lumbar exam notes limited range of motion in all planes. Transverse process tenderness noted at L3, L4 and L5. Moderate tight band, moderate spasms, mild hypertonicity and tenderness along bilateral paraspinals. Bilateral straight leg raise with radicular symptomatology. Provocative loading maneuvers are positive over bilateral L4-5 facet and bilateral L5-S1 facet for axial pain. Moderate tenderness to bilateral SI joints with positive Patrick's/FABERE test, Yeoman's and Gaenslen's test bilaterally. Neurological exam reveals decreased light touch and dysaesthesia to bilateral L5 root. There appears to be "trace" weakness through both lower extremities with most pronounced at hip extension, ankle dorsiflexion and great toe extension to L lower limb. Treatment recommendations by the provider include home exercises and medications. MRI of lumbar spine was requested because the spine specialist would not see the patient without one. There is no other reasoning noted as to why MRI was requested. Medications include Nabumetone, Norco and protonix. Independent Medical Review is for MRI with STIR sequence of lumbar spine. Prior UR on 10/23/14 recommended non-certification.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI with STIR sequence of the lumbar spine: 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): 304,309.

Decision rationale: As per ACOEM Guidelines, imaging studies should be ordered in event of "red flag" signs of symptoms, signs of new neurologic dysfunction, clarification of anatomy prior to invasive procedure or failure to progress in therapy program. Patient does not meet any of these criteria. There is no documented red flag findings in complaints or exam. There is no noted new neurologic dysfunction. Symptoms are chronic and stable. There is no documentation of any conservative attempt at a therapy program or medication treatment with no noted physical therapy or treatment with 1st line medications for radiculopathy like tricyclic antidepressants or gabapentin. The rationale for MRI in which the neurosurgeon would not see the patient without a new MRI is not an indication for an MRI. MRI of lumbar spine is not medically necessary.