

Case Number:	CM14-0186307		
Date Assigned:	11/17/2014	Date of Injury:	06/17/2010
Decision Date:	01/05/2015	UR Denial Date:	10/28/2014
Priority:	Standard	Application Received:	11/08/2014

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 Occupational 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:

This is a 31 year-old female with a 6/17/10 date of injury. An MRI of the lumbar spine was performed on 10/27/14, and showed: 1) Mild degenerative changes at T12-L1 intervertebral disc. 2) Negative MRI of lumbar spine. The patient was most recently seen on 11/7/14 with complaints of low back pain, described as throbbing/burning sensation or tingling or stabbing, worse with cold weather and activity (e.g., prolonged sitting/standing/walking, bending, lifting), occasionally radiates to BLE (R>L) with stabbing or numbness/tingling to heels bilaterally. Pain increases to 9-10/10 without medications. She also complained of urge urinary incontinence x 1 year, with varying frequencies. There was no fecal incontinence. No physical exam findings were recorded for this treatment date. Physical findings were, however, recorded on the 10/9/14 office visit. Here it was noted that there was a 2-3/4 limp with minimal walking, and the patient was constantly squirming in her chair due to discomfort. Lumbar spine range of motion was restricted in all planes, and there was 3/4 spasm and tenderness in the right mid-back, low back, and buttock. There was 3/4 tenderness over the right sacroiliac joint, 2/4 spasm and tenderness in the right upper back, 2/4 spasm and tenderness in the left upper back, mid-back, low back, and buttock. In addition, there was 2/4 tenderness over the left sacroiliac joint, and palpation of the bilateral piriformis muscles caused increased leg pain in the ipsilateral side. Further, there was 2-3/4 tenderness in the parafacet area, at T7-S1. The patient's diagnoses included: 1) Lumbar sprain/strain; 2) Lumbosacral or thoracic neuritis or radiculitis; 3) Thoracic sprain/strain. The medications included: Norco, Naproxen, Cyclobenzaprine, Omeprazole, docusate sodium, LidoPro cream, Toradol IM, tapered-dose prednisone, percocet. Significant Diagnostic Tests: MRI, lumbar spine (10/27/14). Treatment to date: medications, topical pain cream, Toradol IM, home exercise program. An adverse determination was received on 10/28/14 due to the lack of specific radicular symptoms and findings on exam, no red flag conditions being noted, and a

normal MRI in 2010, with no evidence of new injury or accident or progressive neurological abnormalities.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI 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): 303-304. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), (Low Back Chapter MRI)

Decision rationale: CA MTUS supports imaging of the lumbar spine in patients with red flag diagnoses where plain film radiographs are negative; unequivocal objective findings that identify specific nerve compromise on the neurologic examination, failure to respond to treatment, and consideration for surgery. 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. Indiscriminant imaging will result in false positive findings, such as disk bulges, that are not the source of painful symptoms and do not warrant surgery. If physiologic evidence indicates tissue insult or nerve impairment, the practitioner can discuss with a consultant the selection of an imaging test to define a potential cause (magnetic resonance imaging [MRI] for neural or other soft tissue, computed tomography [CT] for bony structures). This patient has been under care for an industrial mid and lower back injury that occurred 4 years ago. Conservative treatment has been conducted, consisting primarily of medications and activities restriction. A home exercise program was prescribed. Nevertheless, the patient continued to complain of severe, ongoing back pain that reached 9-10/10 levels of intensity without medications. Physical examination revealed limited range of motion in the lumbar spine, and diffuse areas of tenderness and spasm throughout the spine; however, no neurological examination was documented that might isolate the radicular complaints to a specific level of concern, and no electrodiagnostic studies have been performed. The patient had an MRI of the lumbar spine on 10/27/14, which was reported as a negative study. Therefore, the request for MRI lumbar spine is not medically necessary.