MAXIMUS Federal Services

Case Number:	CM14-0193419		
Date Assigned:	12/01/2014	Date of Injury:	08/13/2013
Decision Date:	01/30/2015	UR Denial Date:	11/11/2014
Priority:	Standard	Application Received:	11/18/2014

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 Physical Medicine Rehab, has a subspecialty in Interventional spine, 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:

The patient is a 57 year old female with an injury date of 08/13/13.Per physician's progress report dated 10/22/14, the patient complains of pain in the lower back that radiates to the lower extremities and causes numbness and tingling. Physical examination of the lumbar spine reveals mild left lower spasm along with tenderness to palpation in the upper, middle and lower paravertebral muscles. Range of motion is painful and limited with flexion at 15 degrees, right lateral bending at 20 degrees, left lateral bending at 10 degrees, left lateral rotation at 20 degrees, right lateral rotation at 25 degrees, and extension at 15 degrees. Examination also reveals tenderness to palpation over the anterior aspect of the right hip and anterior groin along with decreased sensation along the left L5 dermatomal distribution. As per progress report dated 08/18/14, the patient suffers from anxiety, depression, sleep disorder, hypertension, fatigue, and headaches among other things. Physical examination, as per progress report dated 06/10/14, reveals positive Kemp's test, Straight leg raise, and FABERE test bilaterally. Chiropractic treatment has led to significant improvement, as per progress report dated 08/13/14. Medications, as per QME report dated 07/02/14, include Hydrocodone, Ibuprofen, Naproxen, and Omeprazole. The patient is temporarily totally disabled, as per progress report dated 10/22/14.MRI of the Lumbar Spine, 05/07/14, as per progress report dated 06/10/14:- Deg. Diagnosis endplate type II- Reduced disc height at L5-S1- Facet hypertrophy with stenosis of neural foramina at L3-L5- 2.7 mm disc at L2-3, L3-4, and L5-S1- Hemangioma (additional details handwritten and illegible)MRI of the Lumbar Spine, 11/08/14:- Straightening of the lumbar spine- Early disc desiccation is noted at L2-3, L3-4, L4-5, and L5-S1 levels- Focal fatty deposition is noted at T12 vertebra- Grade I anterolisthesis of L2 over L3 vertebra- Diffuse disc protrusion effacing the thecal sac at L2-3, L3-4, L4-5 and L5-S1- Disc material and facet hypertrophy causing bilateral neuroforaminal narrowing that effaces the left and right L4 exiting

nerve roots.- This report does not show neural foraminal narrowing at L2-3, L3-4 and L5-S1 when compared to the MRI report dated 05/07/14.X-ray of Lumbar Spine, as per QME report dated 07/02/14: Mild degenerative changesX-ray of the Pelvis, as per QME report dated 07/02/14: Mild degenerative changesDiagnoses, 10/22/14:- Degenerative joint / degenerative disc disease of the lumbar spine- Lumbar radiculopathy- Bilateral hip strain- Ruled out bilateral inguinal herniasThe treater is requesting for MRI LUMBAR SPINE. The utilization review determination being challenged is dated 11/11/14. Treatment reports were provided from 06/10/14 - 11/17/14.

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 8 Neck and Upper Back Complaints Page(s): 177 and 178. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back (Acute & Chronic) Chapter, Magnetic Resonance Imaging (MRI).

Decision rationale: The patient presents with pain in the lower back that radiates to the lower extremities and causes numbness and tingling, as per progress report dated 10/22/14. The request is for MRI lumbar spine. ACOEM Guidelines, chapter 8, page 177 and 178, state "Unequivocal objective findings that identify specific nerve compromise on the neurological examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option." ODG Guidelines, chapter 'Neck and Upper Back (Acute & Chronic)' and topic 'Magnetic Resonance Imaging (MRI)', do not support MRIs unless there are neurologic signs/symptoms present. Repeat MRI's are indicated only if there has been progression of neurologic deficit.In this case, the patient received an MRI of the lumbar spine on 05/07/14, as per progress report dated 06/10/14. The treater has requested for another MRI as per Request for Authorization form dated 11/07/14. In progress report dated 10/22/14, the treater states that the request is for a "more current MRI of the lumbar spine." However, there is no discussion about change in symptoms or progression of the neurological deficit that may warrant additional testing. Routine MRI's are not required to check the patient's progress. The patient is not post-op; there are no red flags and the patient does not present with a new injury to warrant a new set of MRI's. Based on the guidelines, this request is not medically necessary.