

Case Number:	CM14-0200884		
Date Assigned:	12/11/2014	Date of Injury:	05/22/2012
Decision Date:	01/30/2015	UR Denial Date:	11/03/2014
Priority:	Standard	Application Received:	12/01/2014

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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 35-year-old man who sustained a work-related injury on May 22, 2012. Subsequently, the patient developed chronic low back, right hip, and right knee pain. Prior treatments included: medications, physical therapy (16 visits with no relief), and steroid injections. According to a progress report dated September 26, 2014, the patient reported that his low back, right hip, and right knee pain. The patient rated his pain level at 7/10. The pain occurred intermittently. His pain increases to 9, frequently. Since his last visit, activities of daily living and mobility have worsened. Examination of the thoracic spine revealed hypertonicity, spasm, tenderness, tight muscle, and trigger point of T1-T6 paravertebral muscles on bilateral sides. On examination of T7-T12, paravertebral muscles, hypertonicity, spasm, tenderness, tight muscle, and trigger point was noted bilaterally. Examination of the lumbar spine revealed negative lumbar facet loading on both sides. Tenderness was noted over the same side on coccyx, posterior iliac spine, and sacroiliac joint. Straight leg raising test was positive on the right side in supine position at degrees with lower back pain at 60 degrees leg pain and on the left side in supine position at degrees lower back pain at 60 degrees. Examination of the right hip joint revealed tenderness over the trochanter. Ober's was negative bilaterally. FABER test was negative. The patient assumed a lateral decubitus position with the knee flexed to 90 degrees. Inspection of the right knee revealed a positive McMurray's test. Patellar apprehension test was positive. Patellar tilt test was negative. Right knee was stable to valgus stress in extension and at 30%. Right knee was stable to varus stress in extension and at 30%. Tenderness to palpation was noted over the inferior medial patella, medial joint line, and patella tibial. Reflexes were 2+ bilateral upper and lower extremities. A progress not dated October 20, 2014 documented the patient complaining of right hip and right groin pain. The pain was increasing and was rated as an 8/10. The patient was diagnosed with thoracic spine musculotendinoligamentous sprain,

lumbar spine musculotendinoligamentous sprain/strain, lumbar spine disc bulging, lumbar spine radiculopathy, chronic pain, right knee internal derangement, tight hamstrings and quadriceps, patellofemoral syndrome pain in right knee joint, lumbar facet arthropathy, right trochanteric bursitis, right knee bursitis-iliotibial band syndrome, sacroiliac dysfunction, and insomnia. The provider requested authorization for an MRI with and without contrast of the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI (magnetic resonance imaging) with and without contrast for the lumbar spine:

Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

Decision rationale: Regarding the indications for imaging in case of back pain, MTUS guidelines stated:< Lumbar spine x rays should not be recommended in patients with low back pain in the absence of red flags for serious spinal pathology, even if the pain has persisted for at least six weeks. However, it may be appropriate when the physician believes it would aid in patient management. 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, computer tomography [CT] for bony structures)>. Furthermore, and according to MTUS guidelines, MRI is the test of choice for patients with prior back surgery, fracture or tumors that may require surgery. The patient does not have any clear evidence of new lumbar nerve root compromise. There is no clear evidence of significant change in the patient signs or symptoms suggestive of new pathology. Therefore, the request for MRI with and without contrast of the lumbar spine is not medically necessary.