

Case Number:	CM14-0201754		
Date Assigned:	12/12/2014	Date of Injury:	06/27/2006
Decision Date:	02/05/2015	UR Denial Date:	11/03/2014
Priority:	Standard	Application Received:	12/02/2014

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 Orthopedic Surgery, and is licensed to practice in Minnesota. 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 injured worker is a 46-year-old female with a date of injury of 6/27/2006 involving the lower back. She complains of low back pain radiating to both lower extremities. A prior MRI scan of the lumbosacral spine dated 9/3/2013 showed a lipoma versus hemangioma, 1-2 mm disc bulge without mass effect at L2-3 and L3-4 and 2-3 mm disc bulge without mass effect at L4-5 and L5-S1. There was no evidence of nerve root compromise. She has chronic low back pain with bilateral lower extremity pain and a spinal cord stimulator is being considered. Per report of October 8, 2014 she complains of chronic pain in the lumbar spine with radiation to the lower extremities. She was being treated with medication and epidural steroid injections. She was responding satisfactorily to the injections, however she did develop increasing pain in the lower extremities. The pain management physician requested authorization for a repeat MRI scan of the lumbar spine which was noncertified. On examination she was noted to be very uncomfortable. She ambulated with an antalgic gait using a cane pain with heel and toe walking, spasm, and tenderness in the lumbar area were reported with decreased range of motion. No neurological deficits were reported. Her medications include Norco, Zoloft, Ambien, and Lyrica. Although some of the notes mention hypoesthesia, objective neurologic deficit is not documented. Utilization review denied a request for repeat MRI scan of the lumbar spine in light of absence of any new neurologic deficit and relatively benign findings on the previous MRI of 9/3/2013. The denial of the MRI request is now being appealed to independent medical review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Low Back MRI: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Low Back Chapter

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304.

Decision rationale: Although the injured worker has a great deal of pain in the lower back and bilateral lower extremities, no focal objective neurologic deficit is documented. Per AME [REDACTED] [REDACTED] supplemental report dated 10/3/2014 an MRI scan was performed on 9/3/2013. This showed lipoma versus hemangioma, 1-2 mm disc bulge without mass effect at L2-3 and L3-4, and 2-3 mm disc bulge without mass effect at L4-5 and L5-S1. There was no evidence of nerve root impingement. The latest request for a repeat MRI does not document new objective neurologic deficits. The guidelines suggest when the neurologic examination is less clear, further physiologic evidence of nerve dysfunction should be obtained by requesting EMG including H reflex tests before ordering an imaging study. The MRI scan of 2013 did not identify a surgical condition. She had multiple disc bulges that do not warrant surgery. Electromyography including H reflex tests may be useful to identify subtle focal neurologic dysfunction in patients with chronic low back symptoms. However, a repeat MRI scan is not indicated per guidelines and as such, the request for a low back MRI is not supported and the medical necessity is not substantiated.