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| Case Number: | CM14-0202262 | | |
| Date Assigned: | 12/12/2014 | Date of Injury: | 02/02/2012 |
| Decision Date: | 02/04/2015 | UR Denial Date: | 10/28/2014 |
| Priority: | Standard | Application Received: | 12/03/2014 |

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 New York. 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 52 year old female that sustained a work related injury on 02/02/2012 while working as a nurse practitioner and injuring her back. Treatments included microdiscectomy, diagnostics and MRI with date of 01/29/2014. Diagnosis include displacement lumbar intervertebral disc without myelopathy, status post microdiscectomy at L4-5, normal Electrodiagnostic testing, large left lateral disc herniation, left para-central disc bulge, broad-based disc bulge at L5-S1, bilateral L5 sensory dysfunction without denervation, and degenerative disc narrowing at L4-5 and L5-S1. Per most updated progress report dated 9/25/2014, the injured worker has continuing back and right leg pain, numbness and tingling that was not improved in two months. Physical exam per same progress report revealed the injured worker walking without a limp, toe and heel walking are intact, range of motion is complete, neurological exam of lower extremities revealed no motor weakness or sensory loss, and palpation of the lumbar spine and paraspinal musculature reveal no localized tenderness or spasm. Treatment plan includes MRI of lumbar spine. On 10/28/2014, Utilization Review denied the request for MRI of the lumbar spine noting the records do not indicate any substantial changes in the physical presentation since previous evaluation of 01/29/2014, no documentation of failure of previous conservative care in the last six months that would indicate that operative intervention is pending and Official Disability Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI 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): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar and Thoracic MRI's

Decision rationale: Imaging of the lumbosacral spine is indicated in patients with unequivocal objective findings that identify specific nerve compromise on the neurologic examination 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. Further investigation is indicated in patients with history of tumor, infection, abdominal aneurysm, or other related serious conditions, who have positive findings on examination. MRI of the spine is recommended for indications below. MRI's are test of choice for patients with prior back surgery. MRI of the lumbar spine for uncomplicated low back pain, with radiculopathy, is not recommended until after at least one month conservative therapy, sooner if severe or progressive neurologic deficit. Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (e.g., tumor, infection, fracture, neurocompression, recurrent disc herniation). Indications for imaging -- Magnetic resonance imaging:- Thoracic spine trauma: with neurological deficit- Lumbar spine trauma: trauma, neurological deficit- Lumbar spine trauma: seat belt (chance) fracture (If focal, radicular findings or other neurologic deficit)- Uncomplicated low back pain, suspicion of cancer, infection, other "red flags"- Uncomplicated low back pain, with radiculopathy, after at least 1 month conservative therapy, sooner if severe or progressive neurologic deficit.- Uncomplicated low back pain, prior lumbar surgery- Uncomplicated low back pain, cauda equina syndrome- Myelopathy (neurological deficit related to the spinal cord), traumatic- Myelopathy, painful- Myelopathy, sudden onset- Myelopathy, stepwise progressive- Myelopathy, slowly progressive- Myelopathy, infectious disease patient- Myelopathy, oncology patient In this case there is no documentation that the patient has any red flags or has any significant change in signs/symptoms. The patient has no severe or progressive neurologic deficit. There is no indication for MRI of the lumbar spine. The request for MRI is not medically necessary.