

Case Number:	CM14-0204249		
Date Assigned:	12/16/2014	Date of Injury:	11/27/2001
Decision Date:	02/17/2015	UR Denial Date:	11/24/2014
Priority:	Standard	Application Received:	12/05/2014

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 and Rehabilitation, 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 54 year old female with an injury date of 11/27/01. Based on the 11/07/14 progress report, the patient complains of lower back pain at a level of 8/10. The pain increases with excessive activity and prolonged positions. The patient has rotation activities of daily living at 60% of normal and improves to 85% with use of medications. Examination of lumbar spine shows flexion at 30 inches lacking from fingertips to floor. Extension is 0 degrees. There is tenderness and spasm to palpation over the paravertebral musculature. Neurologic examination of lower extremities shows normal for motor, reflex, and sensory. Straight leg raising test produces pain in the lumbar spine bilaterally. The diagnosis is herniated disk in the lumbar spine. Current medications are Norco and Soma which dispensed on 05/05/14. Nerve conduction study of the bilateral upper extremities dated 10/17/14 showed mild-moderate bilateral median neuropathy across the wrist, affecting sensory and motor components. MRI of lumbar spine without contrast dated 08/27/14 showed bilateral facet hypertrophy, bilateral foraminal narrowing and a 1.5mm posterior disc protrusion at L4-L5, and a 2mm posterior disc protrusion at L5-S1. MRI of the cervical spine without contrast was done on 09/03/14. The treating physician is requesting MRI of lumbar spine on 11/07/14. The utilization review determination being challenged is dated 11/24/14. The requesting physician provided treatment reports from 10/17/14-11/07/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar MRI: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): (s) 287, 303.

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 & Thoracic chapter, MRIs (magnetic resonance imaging).

Decision rationale: This patient presents with herniated disk in the lumbar spine. The request is for MRI of lumbar spine. Prior MRI of lumbar spine without contrast dated 08/27/14 showed bilateral facet hypertrophy, bilateral foraminal narrowing and a 1.5mm posterior disc protrusion at L4-L5, and a 2mm posterior disc protrusion at L5-S1. Regarding MRI of L-spine ACOEM guidelines, Chapter 12, page 303 states: "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." For uncomplicated low back pain, ODG guidelines require at least one month of conservative therapy and sooner if severe or progressive neurologic deficit is present for an MRI. ODG supports an MRI for prior lumbar surgery as well. In this case, the treater does not explain why the patient needs an updated MRI of lumbar spine. Per progress report dated 11/07/14, neurologic examination findings are normal and no progression of neurologic deficits. There are no new injury, or emergence of red flag. The patient is not anticipating surgery. The request IS NOT medically necessary.