

Case Number:	CM14-0207565		
Date Assigned:	01/30/2015	Date of Injury:	06/19/2008
Decision Date:	03/03/2015	UR Denial Date:	11/25/2014
Priority:	Standard	Application Received:	12/11/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: New Jersey

Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 62 year old female who suffered a work related injury on 06/19/2008. Diagnoses include herniated lumbar disc, status post left knee arthroscopy, and right knee sprain and strain. She is status post lumbar surgery in 2009 and left knee surgery in 2008. In a hand written physician note dated 10/23/2014 the injured worker complains of neck, shoulders, bilateral elbows and low back pain rated 8-9/10. Pain radiates to arms and legs. Lumbosacral range of motion flexion is 45 degrees, extension is 20 degrees, and bending is 20 degrees bilaterally. Straight leg raise was positive, and there was tenderness to the lumbosacral area with spasm. Treatment has included Tens Unit, medications and therapy. Electromyogram and Nerve Conduction Studies done on 07/23/2014 revealed right anterior tibialis showed isolated chronic neuropathic finding which are suggestive but not confirmatory of right chronic L4-L5 radiculopathy. However, these finding are nonspecific since there are no other confirmatory finding with other muscles. The injured worker is permanent and stationary. The request is for a Magnetic Resonance Imaging of the lumbar spine. Utilization Review dated 11/25/2014 non-certified the request for a lumbosacral Magnetic Resonance Imaging citing California Medical Treatment Utilization Schedule (MTUS), American College of Occupational and Environmental Medicine(ACOEM).

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.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 296-310.

Decision rationale: MTUS Guidelines for diagnostic considerations related to lower back pain or injury require that for MRI to be warranted there needs to be unequivocal objective clinical findings that identify specific nerve compromise on the neurological examination (such as sciatica) in situations where red flag diagnoses (cauda equina, infection, fracture, tumor, dissecting/ruptured aneurysm, etc.) are being considered, and only in those patients who would consider surgery as an option. In some situations where the patient has had prior surgery on the back, MRI may also be considered. The MTUS also states that if the straight-leg-raising test on examination is positive (if done correctly) it can be helpful at identifying irritation of lumbar nerve roots, but is subjective and can be confusing when the patient is having generalized pain that is increased by raising the leg. The Official Disability Guidelines (ODG) state that for uncomplicated low back pain with radiculopathy MRI is not recommended until after at least one month of conservative therapy and sooner if severe or progressive neurologic deficit is present. The ODG also states that repeat MRI should not be routinely recommended, and should only be reserved for significant changes in symptoms and/or findings suggestive of significant pathology. The worker in this case, although there was some evidence to suggest lumbar radiculopathy was present (previous nerve testing), there was no other objective or subjective evidence around the time of the request to also show evidence of this, besides a positive straight leg raise, which is not sufficient alone to justify an MRI of the lumbar spine. Without this evidence documented in the progress notes for review, the MRI of the lumbar spine will be considered medically unnecessary.