

Case Number:	CM14-0043942		
Date Assigned:	06/30/2014	Date of Injury:	04/02/2013
Decision Date:	08/24/2015	UR Denial Date:	03/10/2014
Priority:	Standard	Application Received:	04/09/2014

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: California, Indiana, New York
 Certification(s)/Specialty: Internal Medicine

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 (n) 64 year old female, who sustained an industrial injury on 4/2/13. She reported pain in her neck, back, right arm, right leg and left wrist after pushing a heavy object. The injured worker was diagnosed as having lumbar disc displacement with myelopathy. Treatment to date has included acupuncture x 6 session, a lumbar MRI on 9/19/13 showing multilevel disc displacement, a functional capacity evaluation and physical therapy. As of the PR2 dated 2/12/14, the injured worker reports pain in her neck, lumbar spine, bilateral shoulders, bilateral wrists and hands and thoracic spine. Objective findings include 3+ spasms and tenderness in the lumbar paraspinal muscles, a positive Kemp's test bilaterally and a positive straight leg raise test on the right. The treating physician requested a lumbar MRI.

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 Chapter 12 Low Back Complaints Page(s): 308-310.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-5. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back section, MRI lumbar spine.

Decision rationale: Pursuant to the Official Disability Guidelines, MRI of the lumbar spine is not medically necessary. MRIs of the test of choice in patients with prior back surgery, but for uncomplicated low back pain, with radiculopathy, it 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 findings suggestive of significant pathology. Indications (enumerated in the Official Disability Guidelines) for imaging include, but are not limited to, lumbar spine trauma, neurologic deficit; uncomplicated low back pain with red flag; uncomplicated low back pain prior lumbar surgery; etc. ACOEM states unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients not respond to treatment and who would consider surgery an option. See the ODG for details. In this case, the injured worker's working diagnoses are lumbar disc displacement with myelopathy; cervical disc herniation with myelopathy; thoracic disc displacement without myelopathy; bursitis and tendinitis bilateral shoulders: rotator cuff syndrome bilateral shoulders; tendinitis/bursitis bilateral hands/wrists. Date of injury was April 2, 2013. Request for authorization is March 3, 2014. According to a progress note dated January 8, 2014, the injured worker has ongoing complaints in the cervical spine, lumbar spine, bilateral shoulders and bilateral hands and wrists. Objectively, there is 3+ specimen tenderness and lumbar spine. There are no neurologic findings documented in the progress note. Moreover, there was no neurologic evaluation/examination in the progress note. There are no red flags documented in the medical record. There are no unequivocal objective findings and identify specific nerve compromise on the neurologic evaluation sufficient to warrant MRI imaging. Consequently, absent clinical documentation with unequivocal objective neurologic findings and red flags, MRI of the lumbar spine is not medically necessary.