

Case Number:	CM14-0066646		
Date Assigned:	07/11/2014	Date of Injury:	01/13/2012
Decision Date:	01/29/2015	UR Denial Date:	04/11/2014
Priority:	Standard	Application Received:	05/10/2014

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 Rehab, 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:

This 26 year old male reportedly sustained a work related injury on January 13, 2012. Diagnoses include disc herniation, degenerative disc disease (DDD) and radiculopathy of the lumbar spine. Primary treating physician dated March 12, 2014 provides the injured worker rates his lumbar pain 4-5/10. Physical exam notes a non-antalgic gait, full range of motion (ROM) and is able to get on and off exam table without difficulty. Work restriction is listed as modified with no lifting over 10 pounds, no repetitive bending and no excessive pushing or pulling. Exam is unchanged from previous visit on January 29, 2014. No diagnostic tests were provided in the record. On April 11, 2014 utilization review determined a request received March 31, 2014 for MRI without contrast of the lumbar spine to be non-certified. Medical Treatment Utilization Schedule (MTUS) American College of Occupational and Environmental Medicine (ACOEM) and Official Disability Guidelines (ODG) were used in the determination. Application for independent medical review (IMR) is dated May 10, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI without contrast of the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, (updated 03/31/2014), MRIs (magnetic resonance imaging)

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

Decision rationale: This 26 year-old sustained a low back injury on 1/13/12. Diagnoses include lumbar spine multilevel disc herniations/ facet arthropathy/ DDD and radiculopathy. Conservative care has included medications, therapy, and modified activities/rest. Medications list Tizanidine, Gabapentin, Tramadol, and Naproxen. The patient had recent MRI of the lumbar spine dated 3/12/14 that showed multilevel HNP, facet arthropathy and DDD. Report from the provider noted patient with low back pain rated at 4-5/10, with pinching sensation and numbness that radiates down left leg to back of thigh. Exam showed unchanged findings of non-antalgic gait; full range of motion but with discomfort. Treatment included work restrictions and medications. ACOEM Treatment Guidelines for the Lower Back Disorders, under Special Studies and Diagnostic and Treatment Considerations, states Criteria for ordering imaging studies include Emergence of a red flag; Physiologic evidence of tissue insult or neurologic dysfunction; Failure to progress in a strengthening program intended to avoid surgery; Clarification of the anatomy prior to an invasive procedure, not demonstrated here. Physiologic evidence may be in the form of definitive neurologic findings on physical examination and electrodiagnostic studies. Unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist; however, review of submitted medical reports for this chronic injury have not adequately demonstrated the indication for repeating the MRI of the Lumbar spine without documented change in clinical findings, neurological deficits, or red-flag conditions to support this imaging study. When the neurologic examination is less clear, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. The MRI without contrast of the lumbar spine is not medically necessary and appropriate.