

Case Number:	CM14-0094285		
Date Assigned:	07/25/2014	Date of Injury:	02/12/2013
Decision Date:	02/06/2015	UR Denial Date:	05/23/2014
Priority:	Standard	Application Received:	06/20/2014

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 Anesthesiology, has a subspecialty in Acupuncture & Pain Medicine 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 injured worker is a 47 year old female janitor who sustained a work related injury on 02/12/2013. The injured worker stated she was performing her usual duties mopping the floor when she slipped and fell straight back hitting her head, neck and back. The injured worker was treated with medication and physical therapy. The injured worker had previously sustained a work related injury to her back in 2002, 2005, and 2006 the injured worker was treated with therapy and resolved. Diagnoses consist of sprain of lumbar, contusion of back, contusion head, displaced lumbar intervertebral and sprain/strain of neck. Treatments have included medications and physical therapy. The injured worker has received X-rays Lumbar Spine on 04/26/2013 and magnetic resonance imaging (MRI) of the lumbar spine on 04/18/2013. According to the clinical record dated 04/02/2014 the injured worker presented with complaint of headaches, dizziness, blurred vision, neck pain, low back pain extending into the legs and hypertension. The evaluating physician documented that the injured worker had tenderness and spasms of the lumbar spine and motor examination was 4/5. Current request is for decision for MRI, Lumbar Spine. The evaluating physician documented the injured worker's work status as not being able to perform usual work no. The reason given for the requested services was not documented in the clinical records submitted for review. On 05/23/2014 Utilization Review non-certified the requested MRI, Lumbar Spine, in this case the submitted clinical records in this review did not include significant change in clinical status or progressive neurological deficit such as weakness or paresthesia that is noted to substantiate the need for a repeat MRI. In addition, the diagnosis was clearly delineated from the recent MRI of last year; the request for a repeat study is not clearly established at this time.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI, Lumbar Spine: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back (updated 05/12/14) MRIs (magnetic resonance imaging)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177.

Decision rationale: ACOEM guidelines support ordering of imaging studies for emergence of red flags, physiologic evidence of tissue insult or neurologic dysfunction, failure to progress in a strengthening program intended to avoid surgery, and clarification of the anatomy prior to an invasive procedure. Physiologic evidence may be in the form of definitive neurologic findings on physical examination, electrodiagnostic studies, laboratory tests, or bone scans. Unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. Electromyography (EMG), and nerve conduction velocities (NCV), including H-reflex tests, may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. The injured worker had MRI of the lumbar spine 4/2013 which documented L5-S1 disc desiccation, diminished disc height, grade 1 retrolisthesis of L5 over S1, and 3-4mm diffuse posterior disc bulge with narrowing of the anterior thecal sac. Per the documentation submitted for review, the injured worker had new findings of weakness; 4/5 strength in the lumbar spine. The request is medically necessary.