

Case Number:	CM15-0004841		
Date Assigned:	02/09/2015	Date of Injury:	06/11/1981
Decision Date:	03/31/2015	UR Denial Date:	12/18/2014
Priority:	Standard	Application Received:	01/09/2015

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, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 73-year-old female who reported an injury on 04/22/1977. The mechanism of injury involved a fall. The current diagnoses include lumbar myalgia, lumbar myospasm, and left sided lumbar neuritis/radiculitis. On 11/24/2014, the injured worker presented for a followup evaluation. It was noted that the injured worker had been extensively treated with acupuncture, therapy, and chiropractic treatment. The injured worker also received cortisone and epidural steroid injections without relief of symptoms. The injured worker also underwent 2 separate low back surgeries, as well as several diagnostic studies, to include EMG/NCV, MRI, x-ray, and CT scan. The injured worker presented with complaints of 8/10 low back pain with associated numbness and radiating pain into the left lower extremity. Upon examination of the lumbar spine, there was tenderness, guarding, and spasm in the left paravertebral region. There were trigger points noticeable in the left lumbar paraspinal muscles. Manual muscle testing revealed 4/5 strength with flexion, extension, and bilateral lateral bending. Range of motion was restricted secondary to pain and spasm. There was decreased sensation in the left L4-S1 dermatomes and 4/5 motor weakness on the left. Recommendations included prescriptions for cyclobenzaprine 7.5 mg, tramadol ER 150 mg, naproxen sodium 550 mg, Zofran 4 mg, and Protonix 20 mg. Authorization for an MRI of the lumbar spine, x-ray of the lumbar spine, and electrodiagnostic studies were recommended, as well. A Request for Authorization form was then submitted on 11/27/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Repeat lumbar spine MRI: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), 12th edition (web) 2014, MRIs

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

Decision rationale: California MTUS/ACOEM Practice Guidelines state if physiologic evidence indicates tissue insult or nerve impairment, the practitioner can discuss with a consultant the selection of an imaging test to define a potential cause. In this case, there is objective evidence of lumbar radiculopathy. However, there is no documentation of a significant change or progression of symptoms or physical examination findings. The medical necessity for a repeat imaging study has not been established in this case. As such, the request is not medically appropriate at this time.