

Case Number:	CM15-0103886		
Date Assigned:	06/08/2015	Date of Injury:	09/24/2012
Decision Date:	07/10/2015	UR Denial Date:	05/07/2015
Priority:	Standard	Application Received:	05/29/2015

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: New York, Tennessee

Certification(s)/Specialty: Emergency 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 39-year-old female, who sustained an industrial injury on 09/24/2012. According to a progress report dated 04/28/2015, the injured worker complained of constant low back pain that radiated to the bilateral leg as well as bilateral hand pain. On 06/06/2014, she underwent carpal tunnel release surgery. Pain was about the same since surgery. She reported difficulty dressing. She complained of depressed mood and insomnia. Pain was rated 8 on a scale of 1-10. Physical examination demonstrated mild distress and an appearance of outward depression. Lumbar spine range of motion demonstrated forward flexion of 45 degrees, extension of 15 degrees, right and left side bending of 20 degrees. Rotation and side bending was limited. Inspection of the lumbar spine was without asymmetry or scoliosis. There was a normal alignment with normal lumbar lordosis. There was tenderness to palpation over the bilateral lumbar paraspinal muscles. There was positive straight leg raise bilaterally to 50 degrees. Bilateral wrist range of motion was limited. There was tenderness to palpation over the radial aspect of the right wrist. There was normal bulk and tone in all major muscle groups of the upper and lower extremities. No atrophy was noted. Reflexes were symmetric at 1+4 in the bilateral lower extremities. Diagnoses included displacement of lumbar intervertebral disc without myelopathy, carpal tunnel syndrome and chronic pain syndrome. Electromyography/nerve conduction studies of the bilateral lower extremities performed on 03/19/2015 were normal. MRI of the lumbar spine was requested to rule out intraspinal pathology. Medications included Hydrocodone and Cyclobenzaprine. Work status included modified duty. Currently under review is the request for MRI of the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Low Back - Lumbar and Thoracic MRIs.

Decision rationale: MRI of the spine is recommended for indications below. MRI's are test of choice for patients with prior back surgery. MRI of the lumbar spine for uncomplicated low back pain, with radiculopathy, 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/or findings suggestive of significant pathology (eg, tumor, infection, fracture, neurocompression, recurrent disc herniation). Indications for imaging Magnetic resonance imaging: Thoracic spine trauma: with neurological deficit. Lumbar spine trauma: trauma, neurological deficit. Lumbar spine trauma: seat belt (chance) fracture (If focal, radicular findings or other neurologic deficit). Uncomplicated low back pain, suspicion of cancer, infection, other "red flags. " Uncomplicated low back pain, with radiculopathy, after at least 1 month conservative therapy, sooner if severe or progressive neurologic deficit. Uncomplicated low back pain, prior lumbar surgery. Uncomplicated low back pain, cauda equina syndrome. Myelopathy (neurological deficit related to the spinal cord), traumatic. Myelopathy, painful. Myelopathy, sudden onset. Myelopathy, stepwise progressive. Myelopathy, slowly progressive. Myelopathy, infectious disease patient. Myelopathy, oncology patient. In this case, the patient had MRI of the lumbar spine in November 2014. There is no documentation of significant change in symptoms and/or findings suggestive of significant pathology. MRI of the lumbar spine is not medically necessary. The request should not be authorized.