

Case Number:	CM15-0039337		
Date Assigned:	03/09/2015	Date of Injury:	11/08/2004
Decision Date:	04/14/2015	UR Denial Date:	02/27/2015
Priority:	Standard	Application Received:	03/02/2015

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: Massachusetts

Certification(s)/Specialty: Anesthesiology, Pain Management

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 52 year old female, who sustained an industrial injury on November 8, 2004. The injured worker was diagnosed as having lumbar facet syndrome, lumbar radiculopathy, disc disorder lumbar, and low back pain. Treatment to date has included an MRI, electrodiagnostic studies, physical therapy, home exercise program, epidural steroid injection, and short-acting and long-acting pain, topical pain, anti-epilepsy, antidepressant, muscle relaxant, and non-steroidal anti-inflammatory medications. On February 12, 2015, the injured worker complains of a lower backache, rated 5/10. Her pain level is 8/10 without medications. The physical exam revealed the loss of the normal lordosis with straightening of the lumbar spine, restricted range of motion, and tenderness to palpation of the paravertebral muscles and a tight band is noted on both sides. She was able to heel and toe walk. There was positive left lumbar facet loading, positive right sitting straight leg raise at 80 degrees, decreased bilateral ankle jerk, and decreased bilateral patellar jerk. There was mildly decreased motor strength in the bilateral lower extremities, and decreased sensation to light touch over the right lateral foot, lateral calf, medial thigh, and lateral thigh. The treating physician noted the injured worker had increased leg weakness and falls, bladder/bowel incontinence, saddle anesthesia, and foot drop. The treatment plan includes an MRI of the lumbar spine and acupuncture to evaluation and treat the low back pain.

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

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

Decision rationale: Notes that unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in injured workers who do not respond to treatment and who would consider surgery and option. When the neurological examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. Indiscriminant imaging will result in false positive findings, such as disk bulges, that are not the source of painful symptoms and do not warrant surgery. ODG, Low Back Procedure Summary, Indications for MRI Thoracic spine trauma with neurological deficit Lumbar spine trauma with 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 or "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 (neurologic deficit related to spinal cord), traumatic Myelopathy, painful Myelopathy, sudden onset Myelopathy, stepwise progressive Myelopathy, slowly progressive Myelopathy, infectious disease injured worker Myelopathy, oncology injured worker. According to the documents available for review, the injured worker exhibits none of the aforementioned indications for lumbar MRI nor does he have a physical exam which would warrant the necessity of an MRI. Therefore, at this time, the requirements for treatment have not been met and medical necessity has not been established.