

Case Number:	CM14-0122679		
Date Assigned:	08/06/2014	Date of Injury:	10/11/2010
Decision Date:	10/16/2014	UR Denial Date:	07/24/2014
Priority:	Standard	Application Received:	08/04/2014

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 and Rehabilitation, has a subspecialty in Pain Management, and is licensed to practice in New York and Texas. 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 57-year-old who was injured on October 11, 2010 due to the repetitive lifting of heavy boxes. An MRI of the lumbar spine dated December 11, 2013 is significant for multilevel bulging discs primarily affecting L4-5 and L5-S1 and mild lower lumbar joint facet hypertrophy. There is no report of nerve root compression/compromise. The injured worker is diagnosed with degeneration of lumbar or lumbosacral intervertebral disc. An EMG (electromyogram)/NCV (nerve conduction velocity) report dated February 21, 2014 states the injured worker complains of back pain and pain in the right leg with numbness in the right big toe for "about 3 years." This note states SLR is negative and DTRs are preserved and symmetrical. This study is read to reveal evidence of a right L5 lumbar radiculopathy. Clinical note dated March 10, 2014 states the injured worker works full time with restriction. Clinical note dated April 30, 2014 states the injured worker complains of a new onset of right leg pain radiating to the right big toe which began two weeks prior. It is noted the back pain is generalized and bilateral and notes numbness is constantly present. Physical examination on this date reveals negative bilateral SLR (straight leg raise). The lumbar region is tender and flexion and extension are limited by pain. The lower extremity exam is noted to be within normal limits. The treatment plan includes a home exercise program. The most recent clinical note is an Agreed Medical Evaluation Report dated May 6, 2014 which includes a review of records and disposition but does not include current objective or subjective information. A request for an MRI of the lumbar spine was submitted and subsequently denied by Utilization Review dated July 24, 2014 which states the requested study "does not meet criterion in that significant clinical deterioration in symptoms and/or signs is not documented..."

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.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, MRIs

Decision rationale: The Low Back Complaints Chapter of the American College of Occupational and Environmental Medicine (ACOEM) Practice Guidelines states, "Unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study." The records submitted for review do not reveal evidence which is unequivocally indicative of nerve compromise or involvement. Examination of the lower extremities does not reveal motor, sensory or reflex changes. Moreover, an MRI of the lumbar spine has previously been completed. The ACOEM does not address indications for the use of repeat imaging studies. As such, the ODG is consulted. ODG states, "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)." The submitted documentation states the injured worker complained of a new onset of low back pain with radiation into the right lower extremity and big toe on April 30, 2014; however, the EMG (electromyogram) report dated February 21, 2014 notes the injured worker has complained of the same symptoms for "about three years." Records do not reveal a significant change in symptoms or findings since the previous MRI which would warrant investigation with a new imaging study. Therefore, the request for an MRI of the lumbar spine is not medically necessary or appropriate.