

Case Number:	CM14-0142158		
Date Assigned:	09/10/2014	Date of Injury:	01/21/2010
Decision Date:	10/31/2014	UR Denial Date:	08/18/2014
Priority:	Standard	Application Received:	09/02/2014

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 Internal Medicine and Pulmonary Diseases 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 52-year-old female who reported an injury on 01/21/2010. The mechanism of injury reportedly occurred when she was standing with her left foot on a pallet and another employee hit the pallet with a pallet jack causing a twisting injury of the left lower extremity, injuring the lumbar spine and left knee. The diagnoses included chronic musculoligamentous sprain of the lumbosacral spine, left knee arthritis status Post Left Knee Arthroscopy Reconstructive Surgery, and right knee arthritis. Past treatments included chiropractic care, cortisone injections, and Synvisc injections. Diagnostic studies included an MRI of the lumbar spine performed 03/20/2010 that was noted to show degenerative disc changes at L2-3 with a central disc bulge minimally encroaching on the thecal sac without nerve root impingement. An EMG/NCV performed 12/06/2010 showed no evidence of lumbosacral disc radiculopathy but did show peripheral neuropathy. Physical examination findings on 07/10/2012 noted a positive straight leg raise on the left at 50 degrees, sensory deficit of the dorsum of the right foot, normal deep tendon reflexes, and normal motor strength of the extensor hallucis longus. On 04/03/2014, the injured worker reported her left knee pain had decreased but swelling was still present. Examination findings included tenderness, stiffness, and swelling to the left knee. Current medications were not provided. A request was submitted for an MRI of the lumbar spine. The rationale and Request for Authorization form were not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI without Contrast 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): 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, MRIs (Magnetic Resonance Imaging)

Decision rationale: The request for the decision for an MRI without Contrast Lumbar Spine is not medically necessary. The California MTUS/ACOEM Guidelines state that unequivocal objective findings identifying specific nerve compromise on the neurological examination are sufficient evidence to warrant imaging studies in injured workers who do not respond to treatment. However, it is also stated that when the neurological examination is less clear, further physiologic evidence of nerve dysfunction should be obtained before ordering imaging studies. The Official Disability Guidelines further state, repeat MRI is not routinely recommended and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. The medical records provided indicate an MRI of the lumbar spine was performed on 03/20/2010 that showed degenerative disc changes at L2-3 with a central disc bulge minimally encroaching on the thecal sac without nerve root impingement. The most recent physical examination findings of the lumbar spine and neurological examination of the lower extremities provided was from 07/10/2012. There is a lack of documentation to evaluate for a significant change in symptoms and/or findings suggestive of significant pathology to support the request for a repeat MRI. Additionally, the documentation failed to show that the injured worker has tried and failed an adequate course of conservative treatment for the lumbar spine. As such, the request for an MRI without contrast lumbar spine is not medically necessary.