

Case Number:	CM14-0150786		
Date Assigned:	09/29/2014	Date of Injury:	05/13/2011
Decision Date:	10/31/2014	UR Denial Date:	09/11/2014
Priority:	Standard	Application Received:	09/16/2014

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 Pain Medicine and is licensed to practice in Minnesota. 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 56-year-old with a reported date of injury of 05/13/2011. The mechanism of injury was not submitted within the medical records. Her previous treatments were noted to include a caudal epidural injection, H wave, physical therapy, Toradol injections, sacroiliac joint injections, and medications. The progress note dated 08/27/2014 revealed complaints of low back pain as well as severe burning and shooting pain to the right leg. The injured worker indicated that her caudal epidural steroid injection performed in 05/2014 had worn off completely. The injured worker complained of an aggravation of symptoms with prolonged stationary sitting, standing, or prolonged walking. The physical examination of the lumbar spine revealed minimal tenderness to palpation over the sacroiliac joints with negative facet loading. There was noted mild myofascial tenderness to the lumbosacral region and no identified trigger points. The lumbar range of motion was noted to be diminished and there was a positive straight leg raise bilaterally with a negative Patrick's, pelvic compression, and Faber's. The muscle strength testing was rated 4/5 to the anterior tibialis and extensor hallucis longus to the left lower extremity. There was hyperesthesia noted in the left L5-S1 dermatome. The deep tendon reflexes were noted to be 1+ to the left patella and Achilles. The provider indicated the injured worker had an MRI of the lumbar spine 2 year previously and her symptoms had increased significantly. The injured worker complained of severe pain to the low back with radiation to the bilateral extremities and noted relief from her previous epidural steroid injection. The Request for Authorization form, dated 09/04/2014, was for an MRI of the lumbar spine without contrast to evaluate any change in pathology.

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 without contrast: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Low Back (updated 07/03/14) MRIs (magnetic resonance imaging) Indications for imaging -- Magnetic resonance imaging

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

Decision rationale: The request for an MRI of the lumbar spine without contrast is not medically necessary. The injured worker complained of low back pain that radiated into the bilateral lower extremities. The California MTUS/ACOEM Guidelines state 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 neurological examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. Indiscriminate imaging would result in false positive findings, such as disc bulges, that are not the source of painful symptoms and do not warrant surgery. 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, such as an MRI for neurological deficit. The guidelines recommend an MRI to identify and define disc protrusion, cauda equina syndrome, spinal stenosis, and postlaminectomy syndrome. There is a lack of documentation showing significant neurological deficits such as decreased motor strength or sensation in a specific dermatomal distribution. Therefore, the request is not medically necessary.