

Case Number:	CM14-0179182		
Date Assigned:	11/03/2014	Date of Injury:	01/01/2005
Decision Date:	12/09/2014	UR Denial Date:	10/16/2014
Priority:	Standard	Application Received:	10/28/2014

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 American Board of Internal Medicine 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 (IW) is a 38-year-old woman who sustained an industrial injury on January 1, 2005. The mechanism of injury was repetitive motion and chemical exposure. The IW was diagnosed with cervical and lumbar strains. Pursuant to the progress note dated October 3, 2014 indicated that the IW complains of chronic neck and low back pain. Objective physical findings include full range of motion of the cervical spine, Luschka's test was negative, and there was no motor weakness or atrophy of the bilateral upper extremities. There was diminished sensation to pinprick in the entire right arm. Reflexes were symmetrical and intact bilaterally. Lumbar spine examination revealed no motor weakness to the bilateral lower extremities. There was diminished sensation to pinprick over the medial aspect of the left foot and lateral aspect of the right calf. Straight leg raise was positive bilaterally at 60 degrees. Current medications include Motrin, and Allegra. She had an MRI of the cervical spine on December 29, 2009 that revealed disc protrusion with central canal narrowing, and an MRI of the lumbar spine on December 29, 2009 that revealed disc herniation and central stenotic changes. An EMG/NCV of the upper extremities dated August 14, 2009 was normal. Any surgical or procedure note related to this injury were not specified in the medical record. The IW has received an unspecified number of physical therapy treatments for this injury. The provider is recommending updated MRIs of the cervical and lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

An MRI of the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment in Workman's Comp., Online Edition, Chapter: Low Back (updated 8/22/14), MRIs

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Low Back Section; MRI

Decision rationale: Pursuant to the ACOEM Practice Guidelines and the Official Disability Guidelines, MRI evaluation lumbar spine is not medically necessary. 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 their dysfunction should be obtained before ordering an imaging study. Indiscriminate imaging will result in false positive findings such as disk bulges, but are not the source of painful symptoms and do not warrant surgery. The ACOEM and MTUS guidelines do not address repeat MRIs. The Official Disability Guidelines address repeat MRI evaluations. The ODG states repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms of significant pathology (tumor, or infection, fracture, compression, recurrent disc herniation). Any significant change in objective physical examination findings from the last MRI would require an MRI evaluation. In this case, there were no significant objective physical findings since the last MRI. Additionally the records do not specify significant objective evidence of any abnormal neurologic findings including the Electrodiagnostic studies. There were no progressive neurologic deficits and no findings suggestive of tumor, infection, fracture of the red flags. Consequently, repeat MRI evaluation of the lumbar spine is not medically necessary. Based on clinical information in the medical record and peer-reviewed evidence-based guidelines, MRI evaluation lumbar spine is not medically necessary.