

Case Number:	CM14-0185976		
Date Assigned:	11/13/2014	Date of Injury:	03/07/2011
Decision Date:	12/16/2014	UR Denial Date:	10/07/2014
Priority:	Standard	Application Received:	11/06/2014

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 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:

This 57 year-old patient sustained an injury on 3/7/11 while employed by [REDACTED]. Request(s) under consideration include MRI Lumbar Spine. Diagnoses include chronic low back pain/ lumbar spondylosis/ right lower extremity radiculitis r/o radiculopathy; right greater trochanteric bursitis with partial gluteus minimums tear per MRI; possible tibial band syndrome. Report of 9/17/14 from the provider noted the patient with chronic ongoing right hip; lower back pain radiating to right leg, knee and ankle, aggravated by prolonged walking. The patient had recent right hip injection with improved pain relief, but did not take pain away. The patient had completed aquatic therapy in July with some relief. Current pain level lists 5/10. Medications list Ultram, Soma, and Motrin. Exam showed guarded gait; lumbar spine limited with flex/ext of 40/10 degrees; equivocal SLR with guarding; significant tenderness in right greater trochanter; motor strength diffusely 4/5 weakness due to guarding with symmetrical DTRs. Treatment included home exercise program; continue medications; repeat MRIs of lumbar spine and right hip; and Electrodiagnostic evaluation to rule out lumbosacral radiculopathy. MRI of lumbar spine dated 4/28/11 showed minimal degenerative changes at L4-5, mild moderate facet arthropathy at L4-5, L5-S1 without central canal or significant neural foraminal narrowing noted. The request(s) for MRI Lumbar Spine was non-certified on 10/7/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI 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): 303-304.

Decision rationale: Per ACOEM Treatment Guidelines for the Lower Back Disorders, under Special Studies and Diagnostic and Treatment Considerations, states Criteria for ordering imaging studies include emergence of a red flag; physiologic evidence of tissue insult or neurologic dysfunction; failure to progress in a strengthening program intended to avoid surgery; or clarification of the anatomy prior to an invasive procedure. Physiologic evidence may be in the form of definitive neurologic findings on physical examination and electrodiagnostic studies. Unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist; however, review of submitted medical reports have not adequately demonstrated the indication for repeating the MRI of the lumbar spine nor document any specific clinical findings to support this imaging study as the patient has non-progressive, non-dermatomal or myotomal diffuse neurological findings throughout bilateral lower extremities nor is there any acute flare-up or new injury to indicate for repeat study. When the neurologic examination is less clear, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. The MRI lumbar spine is not medically necessary and appropriate.