

Case Number:	CM15-0079018		
Date Assigned:	04/30/2015	Date of Injury:	07/02/2013
Decision Date:	05/29/2015	UR Denial Date:	03/26/2015
Priority:	Standard	Application Received:	04/24/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: Florida, New York, Pennsylvania
Certification(s)/Specialty: Family Practice

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 54 year old female, who sustained an industrial injury on 07/02/2013. She reported pain in her hands, arm, wrists, and fingers. The injured worker is currently diagnosed as having cervical spine disc protrusion and lumbar spine disc protrusion, degenerative disc disease, and radiculopathy. Treatment and diagnostics to date has included electromyography/nerve conduction studies, lumbar spine MRI, aquatic therapy, and medications. In a progress note dated 03/13/2015, the injured worker presented with complaints of back and neck pain with bilateral arm numbness and tingling. The treating physician reported requesting authorization for lumbar spine MRI.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of lumbar spine 3.0T: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303, Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 288, 303.

Decision rationale: This patient with a DOI 2 Jul 13 underwent a comprehensive Rheumatologic evaluation 4 Dec 13. This resulted in a diagnosis of Fibromyalgia. At the time an EMG of both the BUE and BLE was accomplished and reported to be normal. An MRI was accomplished 4 Nov 13. It was reported to show a broad based herniated disc at both L4-5 and L5-S1 associated with spinal stenosis at these levels together with bilateral neuroforaminal stenosis resulting in contact with the L4 and L5 nerve roots bilaterally. At the evaluation the provider indicated a diagnosis of Cumulative Trauma Disorder LS Spine. The patient was sent to continue Aquatic Therapy. 26 Sep 14 an Orthopedic consultation was accomplished at which time the member was reporting LBP at 7/10 with bilateral numbness/locking/swelling and radiating symptoms from the buttocks to the feet bilaterally. This report however indicated that the members neurological examination was normal. The diagnosis at this visit was Lumbar Radiculopathy with a request to allow ESIs which were reported by the Primary Treating Physician to have been denied twice. The Primary Treating Physician at a visit 13 Mar 15 reported that pain was unchanged and that the member had radiating symptoms into the BLE but did not report any neurological examination. 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. Indiscriminant imaging will result in false-positive findings, such as disk bulges, that are not the source of painful symptoms and do not warrant surgery. Within the first three months of low back symptoms, only patients with evidence of severe spinal disease or severe, debilitating symptoms, and physiologic evidence of specific nerve root compromise, confirmed by appropriate imaging studies, can be expected to benefit from surgery. More than 80% of patients with symptoms of lumbosacral nerve root irritation due to herniated disks (nucleus pulposus) eventually recover with or without surgery. Based on the failure to report the results of any current therapy together with the orthopedists report of a normal neurological exam together with the absence of a neurological exam with abnormalities suggesting objective evidence for the specific nerve compromise and despite the abnormalities noted on MRI from 2013 the request for the MRI does not fulfill the criteria as listed above. The UR decision to deny the request for the MRI is supported. The service is not medically necessary.