

Case Number:	CM13-0020568		
Date Assigned:	11/08/2013	Date of Injury:	02/03/2010
Decision Date:	08/01/2014	UR Denial Date:	08/21/2013
Priority:	Standard	Application Received:	09/05/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a Physician Reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The Physician Reviewer is Board Certified in Occupational 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 Physician 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 patient is a 56-year-old female who has submitted a claim for cervical and lumbar sprain/strain, right shoulder impingement, and right knee meniscus tear associated with an industrial injury date of February 3, 2010. Medical records from 2012-2013 were reviewed. The patient complained of persistent low back pain, grade 6/10 in severity. The pain was radiating to her waist, right lower extremity and down the foot. The pain was characterized as aching, nagging, radiating, penetrating and undesirable. Physical examination showed tenderness of the lumbar spine. There was limited lumbar range of motion. Straight leg raise test was positive bilaterally with sharp, shooting pain. Motor strength and sensation was intact. An MRI of the lumbar spine, dated April 27, 2010, revealed grade 1 anterolisthesis of L4 on L5; no evidence of fracture; and disc bulge and degenerative changes on multiple level which continue to foraminal stenosis. Treatment to date has included medications, physical therapy, acupuncture chiropractic therapy, activity modification, TENS, plantar fascial steroid injection, and right knee surgery. Utilization review, dated August 21, 2013, denied the request for 1 MRI of the lumbar spine without contrast between 8/16/2013 and 9/30/2013 because there was no evidence of lumbar spinal pathology or dysfunction warranting further evaluation or corroboration with advanced imaging studies.

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 without contrast: 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 based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, MRI.

Decision rationale: As stated on pages 303-304 of the ACOEM Practice Guidelines, 2nd Edition (2004) referenced by the California MTUS, imaging of the lumbar spine is recommended in patients with red flag diagnoses where plain film radiographs are negative; unequivocal objective findings that identify specific nerve compromise on the neurologic examination, failure to respond to treatment, and consideration for surgery. In addition, the Official Disability Guidelines recommend MRI for the lumbar spine for uncomplicated low back pain, with radiculopathy, after at least 1 month conservative therapy, sooner if severe or progressive neurologic deficit. In this case, the rationale for an MRI of the lumbar spine was not documented. An MRI of the lumbar spine done last April 27, 2010 revealed grade 1 anterolisthesis of L4 on L5, no evidence of fracture, and disc bulge and degenerative changes on multiple level which continue to foraminal stenosis. In the recent clinical evaluation, the injured worker still complains of low back pain and lower extremity symptoms. Physical findings did not show enough evidence of nerve compromise. There was also no discussion regarding failure to respond to treatment. Furthermore, the most recent progress report was dated August 22, 2013. The current clinical functional status of the injured worker is unknown. There is insufficient information to warrant a repeat lumbar MRI at this time. Therefore, request for An MRI of the lumbar spine without contrast is not medically necessary.