

Case Number:	CM14-0102666		
Date Assigned:	08/01/2014	Date of Injury:	04/09/2013
Decision Date:	09/29/2014	UR Denial Date:	06/12/2014
Priority:	Standard	Application Received:	07/01/2014

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 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 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 patient is a 48-year-old female who has submitted a claim for lumbar spine myofascitis with radiculitis, rule out lumbar spine disc injury, and bilateral knee tendonitis associated with an industrial injury date of 04/09/2013. Medical records from 04/08/2013 to 06/24/2014 were reviewed and showed that patient complained of low back pain graded 5-6/10 radiating down bilateral legs (greater on the left). Physical examination revealed tenderness over lumbar paraspinal muscles and facet joints, intact sensation and MMT of lower extremities, undocumented DTRs of lower extremities, and positive SLR test at 40 degrees bilaterally. MRI of the lumbar spine dated 09/28/2013 revealed multilevel degenerative disc disease, multilevel spondylosis, and L4-5 annular tear. EMG/NCV of bilateral lower extremities dated 02/17/2014 was unremarkable. Treatment to date has included physical therapy, acupuncture, and pain medications. Of note, there was no objective documentation of functional outcome from both physical therapy and acupuncture. Utilization review dated 06/12/2014 denied the request for MRI lumbar spine because current findings do not indicate the need for a repeat MRI.

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: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints
Page(s): 303-304.

Decision rationale: As stated on pages 303-304 of the ACOEM Guidelines, 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, failure to respond to treatment, and consideration for surgery. In addition, the Official Disability Guidelines recommends MRI for the lumbar spine for uncomplicated low back pain, with radiculopathy, after at least 1 month of conservative therapy, sooner if severe, or progressive neurologic deficit. In this case, the patient complained of low back pain radiating down both legs. Physical findings include intact sensation and MMT of lower extremities, undocumented DTRs of lower extremities, and positive SLR test at 40 degrees bilaterally. The patient's clinical manifestations were not consistent with a focal neurologic deficit; thus, objective findings did not identify specific nerve compromise to support lumbar MRI. Furthermore, there was no objective documentation of functional outcomes from both physical therapy and acupuncture to indicate treatment failure. An electrodiagnostic study of the lower extremities was done on 02/17/2014 with unremarkable results. There is no clear indication for lumbar spine MRI at this time. Of note, a previous lumbar spine MRI was done on 09/28/2013 with results of multilevel degenerative disc disease, multilevel spondylosis, and L4-5 annular tear. It is unclear as to why a repeat lumbar spine MRI is needed. Therefore, the request for an MRI of the lumbar spine is not medically necessary.