

Case Number:	CM14-0154651		
Date Assigned:	09/24/2014	Date of Injury:	02/25/2009
Decision Date:	11/07/2014	UR Denial Date:	09/17/2014
Priority:	Standard	Application Received:	09/22/2014

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 Internal Medicine and is licensed to practice in Maryland. 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 employee was a 65 year old female who sustained an industrial injury on 02/25/09. The progress note from 01/16/14 was reviewed. She had bilateral elbow pain and wrist pain. She had tenderness in bilateral lateral epicondyles. She also had positive Tinel's sign, positive Phalen's sign and positive right trigger thumb. She was seen by the provider on 09/05/14. Her subjective complaints included right lower back pain radiating down the anterolateral aspect of her left lower extremity. Her EMG/NCS revealed right S1 radiculopathy. Her medications included Tizanidine, Ketoprofen, Hydrocodone, Voltaren and Atenolol. Her diagnoses included post lumbar laminectomy, low back pain, lumbar disc with radiculitis and lumbar disc degeneration. There was reportedly no physical examination. The request was for MRI of lumbar spine with contrast.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI W/ CONTRAST LUMBAR SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-309.

Decision rationale: The employee was a 65 year old female who sustained an industrial injury on 02/25/09. The progress note from 01/16/14 was reviewed. She had bilateral elbow pain and wrist pain. She had tenderness in bilateral lateral epicondyles. She also had positive Tinel's sign, positive Phalen's sign and positive right trigger thumb. She was seen by the provider on 09/05/14. Her subjective complaints included right lower back pain radiating down the anterolateral aspect of her left lower extremity. Her EMG/NCS revealed right S1 radiculopathy. Her medications included Tizanidine, Ketoprofen, Hydrocodone, Voltaren and Atenolol. Her diagnoses included post lumbar laminectomy, low back pain, lumbar disc with radiculitis and lumbar disc degeneration. There was reportedly no physical examination. The request was for MRI of lumbar spine with contrast. According to ACOEM guidelines, imaging of lumbar spine is recommended for red flag diagnoses or for unequivocal objective findings that identify specific nerve compromise on the neurologic examination, in patients who do not respond to treatment and who would consider surgery an option. The employee had back pain. Physical examination is unavailable. Given the lack of documentation of physical examination and prior treatments, the request for MRI of lumbar spine is not medically necessary or appropriate.