

Case Number:	CM13-0045952		
Date Assigned:	12/27/2013	Date of Injury:	07/27/2010
Decision Date:	03/06/2015	UR Denial Date:	11/01/2013
Priority:	Standard	Application Received:	11/13/2013

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: Pennsylvania
 Certification(s)/Specialty: Internal Medicine

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 55 year old female who sustained an industrial injury on July 27, 2010 due to a motor vehicle accident. She has reported cervical spine pain and lumbar spine pain. Diagnoses included C5-6 cervical degenerative disc disease and stenosis, cervical radiculopathy, low back pain, and facet disease at L3-4, L4-5, and L5-S1. Treatment to date for low back pain has included oral medications and lumbosacral corset. Magnetic resonance imaging of the lumbar spine performed on 3/1/11 was noted in the physician progress notes to show facet arthropathy at L3-4, L4-5, and L5-S1; the formal report was not provided. Lumbar x-rays were reported to show unremarkable sacroiliac joints and hip joints, maintenance of lumbar lordosis, and fairly well preserved disc heights, but the date and formal report of the x-rays were not provided. Examination on 4/4/11 showed normal sensation, strength, and reflexes in the lower extremities. An orthopedic progress note of September 9, 2013 notes the injured worker complained of posterior low back pain and right leg pain with radiation of pain to the right lateral thigh, right lateral calf and right lateral aspect of foot. There is numbness/tingling in the right lateral thigh, right lateral calf and right lateral aspect of the foot. The pain is described as aching. Lumbar spine exam showed antalgic gait, tenderness over the lumbar spine, bilateral positive straight leg raise, intact sensation, normal reflexes, normal range of motion of the hips, normal bilateral lower extremity strength, and restricted range of motion of the spine with back pain. Diagnoses were noted as neck pain, neuralgia-cervical, low back pain and lumbosacral radiculitis. Magnetic resonance imaging of the lumbar spine was requested, but the specific indication for the test was not discussed. On November 1, 2013 Utilization Review non-certified

a Magnetic resonance imaging (MRI) without contrast lumbar spine due to lack of documentation of radiculopathy, progressive neurological deficit, or myelopathy; the MTUS, ACOEM, and ODG guidelines were cited. This UR decision was subsequently appealed to Independent Medical Review (IMR).

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI WITHOUT CONTRAST, LUMBAR SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, MRIs

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): p. 303-305, 309.

Decision rationale: The injured worker had low back pain and facet arthropathy of the lumbar spine. The ACOEM guidelines that unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient to warrant imaging in patients who do not respond to treatment and who would consider surgery as an option. When the neurologic examination is less clear, further physiologic evidence of nerve dysfunction, such as electromyography, should be obtained before ordering an imaging study. Imaging studies should be reserved for cases in which surgery is considered or red-flag diagnoses are being evaluated. Magnetic resonance imaging (MRI) is the test of choice for patients with prior back surgery. Computed tomography or MRI are recommended when cauda equina, tumor, infection, or fracture are strongly suspected and plain film radiographs are negative. The injured worker did not exhibit red flag diagnoses or findings; no numbness, weakness, or loss of reflexes were documented on serial examinations. There was no documentation of suspicion of cauda equina syndrome, tumor, infection, or fracture. Prior MRI of the lumbar spine in 2011 was reported to show facet arthropathy. There was no history of prior back surgery or discussion of consideration of surgery. No documentation of electrodiagnostic studies were provided. For these reasons, the request for MRI of the lumbar spine without contrast is not medically necessary.