

Case Number:	CM13-0016948		
Date Assigned:	12/11/2013	Date of Injury:	02/05/1993
Decision Date:	04/04/2014	UR Denial Date:	08/21/2013
Priority:	Standard	Application Received:	08/27/2013

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 Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine 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 55-year-old male with a date of injury of 02/05/1993. The listed diagnoses per [REDACTED] dated 07/30/2013 are: (1) Lumbar radiculopathy, (2) lumbar strain/sprain, (3) chronic low back pain, (4) lumbar spondylosis, (5) thoracic mass from T3 to T5 disk space with neurosurgical consult on 10/17/2012 and likely subsequent biopsy, status post surgical dissection benign tumor on 01/03/2013, (6) neurocardiogenic syncope, (7) lumbar degenerative disk disease. According to report dated 07/30/2013 by [REDACTED], the patient presents with low back pain radiating to the right calf with paresthesias. It was noted that patient reports no improvement since his last visit. He has completed 4 physical therapy sessions recently and is doing some home exercise stretches. Examination of the lumbar spine reveals tender lumbar paraspinals and decreased range of motion in all planes. Seated straight leg raise is positive on the right, negative on the left. It was noted the patient had decreased light touch sensation at nerve distribution, L4 and L5 to the right. MRI of the lumbar spine dated 08/17/2010 showed bilateral lateral disk protrusion at the L4-L5 level resulting in moderate bilateral foraminal stenosis, bilateral posterolateral osteophytes at the L5-S1 level resulting a mild bilateral foraminal stenosis. There was mild 2-mm circumferential disk bulge at L2-L3 resulting a mild central and foraminal stenosis. Treater is requesting authorization for a repeat MRI of the lumbar spine to evaluate for worsening disk protrusion at the L4-L5 level possibly resulting in progressive neural foraminal narrowing versus spinal stenosis. Treater goes on to state "in light of patient's recent thoracic mass discomfort with resultant surgical resection of a benign tumor on 01/03/2013, in addition also for a preprocedural evaluation of possible planned lumbar epidural steroid injection if lumbar radicular pain persists."

IMR ISSUES, DECISIONS AND RATIONALES

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

MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR WITHOUT CONTRAST MATERIAL: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

Decision rationale: The Physician Reviewer's decision rationale: Treater is requesting an MRI of the lumbar spine to evaluate for worsening disk protrusion at the L4-L5 level. Utilization Review dated 08/21/2013 denied the request stating "without progressive neurologic deficit, a repeat MRI would not be supported." For special diagnostics, ACOEM Guidelines page 303 states, "Unequivocal objective findings that identified specific nerve comprise on the neurologic examination are sufficient evidence to warrant imaging in patient's who do not respond to treatment and who would consider surgery as an option when the neurologic examination is less clear. However, further physiologic of nerve dysfunction should be obtained before ordering an imaging. Indiscriminate imaging will result in false positive findings such as disk bulges that are not the source of painful symptoms and do no warrant surgery." In this case, the treater has asked for an updated MRI based on the patient's radicular symptoms with positive SLR. Prior MRI was from 2010 that showed bilateral discs at L4-5 causing narrowing of the foramen. Given the patient's significant radicular symptoms, positive exam and prior MRI with disc protrusions, an updated MRI appear reasonable. When reading ODG guidelines, an MRI for radiculopathy is supported. Recommendation is for authorization.