

Case Number:	CM13-0025044		
Date Assigned:	11/01/2013	Date of Injury:	10/23/2001
Decision Date:	02/12/2014	UR Denial Date:	08/16/2013
Priority:	Standard	Application Received:	09/16/2013

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 Internal 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:

This patient is a 51 year old male, date of injury 10-23-2001. Mechanism of injury was slip and fall. Primary diagnosis is strain left knee. Progress report dated 10-22-13 by [REDACTED] documented subjective complaints of increased radiating symptoms into left lower extremity, pain 5-6/10 intensity, chronic low back pain, radicular symptoms to left lower extremity. Medications included Nucynta, Methadone, Wellbutrin, Topamax, Elavil, Tenormin. Objective findings included tenderness throughout lumbar spine and bilateral lumbar paraspinal regions, left worse than right, straight leg raise negative bilaterally, deep tendon reflexes normal, motor testing of left hip and knee limited by pain and guarding, 4/5 motor testing with left ankle dorsiflexion and left long toe extension, sensation reduced in the left lower extremity. X-ray lumbar spine 08-20-13 reported L5 spondylolysis and degenerative spurring at L1-2 and L2-3. Diagnoses included chronic pain syndrome of left knee and low back, lumbar DDD, left sciatica pain. Treatment plan included MRI, continuation of medications, Orthopedic consultation. Progress report 09-25-13 by orthopedic surgeon [REDACTED] documented physical examination findings of lower back tenderness, straight leg raise of left lower extremity positive, light touch decreased in thigh, leg, and foot, motor strength significantly decreased with regard to dorsiflexion and plantar flexion. X-ray of lumbar spine demonstrated absence of right L4 transverse process with perhaps fragmentation of the left L4 transverse process. Diagnoses included lumbar radiculopathy at L5 left. Utilization review dated 08-16-13 by [REDACTED] recommended Non-Certification of request for MRI LUMBAR. [REDACTED] noted a paucity of records and insufficient information, and stated that the request was unsupported by records.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the left leg: Overturned

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): 303-305. Decision based on Non-MTUS Citation Official disability Guidelines (ODG), Low Back Problems, Specialized imaging tests (CT, MRI).

Decision rationale: MTUS states: Unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. An imaging study may be appropriate for a patient whose limitations due to consistent symptoms have persisted for one month or more to further evaluate the possibility of potentially serious pathology. ODG guidelines state that indications for MRI include: Findings that suggest lumbar nerve root compromise (radiculopathy from herniated disc and/or spinal stenosis) or a severe or progressive neurologic deficit has occurred. Findings that suggest a fracture and lumbar x-rays are inconclusive. ODG guidelines state MRI is recommended for indications that include: Uncomplicated low back pain, with radiculopathy, after at least 1 month conservative therapy, sooner if severe or progressive neurologic deficit. Progress report from [REDACTED] and [REDACTED] documented chronic low back pain, radicular symptoms into left lower extremity, need for potent pain medications, lumbar tenderness, positive straight leg raise, significantly decreased motor strength in the left lower extremity, reduced sensation in the left lower extremity, L5 radiculopathy. X-ray of lumbar spine exhibited bone fragmentation. In summary, patient has chronic low back pain, with evidence of neurologic compromise and possible vertebral fracture. Medical records support the medical necessity of Lumbar MRI. Therefore, the request for Lumbar MRI is Medically Necessary..