

Case Number:	CM13-0028857		
Date Assigned:	03/14/2014	Date of Injury:	05/09/1997
Decision Date:	04/23/2014	UR Denial Date:	09/18/2013
Priority:	Standard	Application Received:	09/23/2013

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Neuromuscular 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 patient is a 63-year-old male with a work injury to his low back dated 5/9/97. The diagnoses include chronic low back pain, chronic radiculopathy, L5-S1 spondylolisthesis, and chronic pain syndrome. He was told in the past that he could have lumbar surgery for several discs "that were out of place." The patient did not proceed at that time with the surgery. There is a 1/13/13 physical exam from the orthopedic surgeon that indicated that the lumbar spine range of motion is decreased in all planes. There was decreased sensation in the right L3, L4, L5, and S1 dermatomes. There were also 4+/5 for the right tibialis anterior, extensor hallucis longus, plantar flexion, inversion, and eversion. There is an 11/11/13 that states that the patient has expressed radicular symptoms in his lower extremities, describing pain as stabbing, shooting, electric-like radiating down his legs. He denies trauma. The patient is unsure why the symptoms are worse after so many years of pain. On examination the patient is walking with no assistive device. There was mild antalgic gait, and mild tenderness to palpation along the exit of the sciatic nerve over the right buttock. There was 5/5 strength in the upper and lower extremity. There is decreased range of motion (ROM) with extension and flexion of the lumbar spine. There is increased tone and spasticity in the lumbar paraspinal musculature. There is full sensation in the upper plus lower extremity, and hyperactive patellar reflex of the right leg and normal reflex of the left leg. There is a request for a lumbar MRI due to patient's complaints of increased pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 MAGNETIC RESONANCE IMAGING OF THE LUMBAR SPINE WITHOUT CONTRAST AS AN OUTPATIENT: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM - <http://www.acoempracguides.org/Low Back; Table 2, Summary of Recommendations, Low Back Disorders, and the CA MTUS Post Surgical Guidelines>

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

Decision rationale: The MTUS/ACOEM Guidelines indicate that 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. The patient has had a prior electromyography (EMG) in 2012, which was normal. The patient now has increased pain and symptomatology, with a hyperactive stretch reflex on recently submitted documentation, which was not available on prior utilization review. A lumbar MRI is medically necessary and appropriate in this case to evaluate the lumbar spinal cord/nerve roots. The request for one (1) magnetic resonance imaging (MRI) of the lumbar spine without contrast is medically appropriate.