

Case Number:	CM13-0035286		
Date Assigned:	12/13/2013	Date of Injury:	09/13/2012
Decision Date:	07/29/2014	UR Denial Date:	10/07/2013
Priority:	Standard	Application Received:	10/17/2013

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 Orthopedic Surgery 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 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 injured worker is a 63 year-old male who was reportedly injured on 9/13/2012. The mechanism of injury was noted as a low back injury that occurred when he hit a pothole while driving a truck. The most recent medical note dated 9/6/2013 and 9/12/2013, indicated that there were ongoing complaints of low back pain with radiation to the left lower extremity. The physical examination demonstrated tenderness over the lumbar spines processes, interspinous ligaments and left sciatic notch, lumbar spine range of motion, flexion 30 degrees, extension 20 degrees and lateral bending 20 degrees; positive sitting straight leg raising test, right at 5 degrees and left at 10 degrees; decreased sensation to pinprick and light touch over the left lateral calf. The motor power was noted as strong and equal in the lower extremities. Plain radiographs of the lumbar spine, dated 9/21/2012, demonstrated spondylosis and vacuum disk phenomena at L5-S1. An MRI of the lumbar spine, dated 10/29/2012, demonstrated Grade III modic changes, facet arthropathy and marked foraminal stenosis (left greater than the right) at L4-5 and L5-S1 with compression of exiting L5 roots, foraminal stenosis at L3-4. Electromyogram/nerve conduction study (EMG/NCS) of the lower extremities dated 11/28/2012, NCV positive for L5-S1 radiculopathy, EMG positive for right L5, left S1. The previous treatment included physical therapy, chiropractic treatment and acupuncture. As a special note, the claimant was seen by a neurosurgeon but did not want an operation.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 MRI OF THE LUMBAR SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

Decision rationale: The ACOEM supports the use of an MRI for the lumbar spine when there are unequivocal objective findings that identify specific nerve root compromise on exam and the claimant would be willing to consider operative intervention. Based on the clinical documentation provided, there were signs and symptoms consistent with lumbar radiculopathy. In addition, there was a previous MRI of the lumbar spine from 2012, which showed stenosis. Unfortunately, the clinician did not document that the claimant was willing to consider operative intervention. As such, this request fails to meet guideline criteria and is not considered medically necessary.