

Case Number:	CM13-0055520		
Date Assigned:	12/30/2013	Date of Injury:	04/07/2011
Decision Date:	03/27/2014	UR Denial Date:	11/04/2013
Priority:	Standard	Application Received:	11/21/2013

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 and Rehabilitation, and is licensed to practice in Texas. 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 who reported an injury on 04/07/2011. The patient's mechanism of injury was not provided. The patient was noted to have an EMG/NCV on 08/02/2013 which revealed the patient had chronic neuropathic changes in the right L4 myotome consistent with a chronic right L4 radiculopathy with no electrodiagnostic evidence of focal neuropathy or plexopathy in either lower extremity or L4 radiculopathy in the left lower extremity. The patient had an MRI of the lumbar spine without contrast on 12/29/2011 which revealed at the level L4 through L5 ventral and right foraminal annular fissures which were potentially the pain generators. Otherwise, the MRI was noted to be negative. Review of the examinations revealed the patient had deep tendon reflexes of 1-/4 on the right and 2+ on the left and a significant weakness of the right ankle extensor mechanism as well as flexion/extension of the right knee and there was moderate foot drop on the right. The patient's condition was noted to be the same. The diagnoses were noted to include other and unspecified injuries to the head, post concussive syndrome, sprain of the neck, and neuralgia, neuritis and radiculitis unspecified. The request was made for an MRI of the lumbar spine on 10/10/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter, MRI

Decision rationale: The Official Disability Guidelines do not recommend a repeat MRI on a routine basis. They indicate that repeat MRIs are recommended for a significant change in symptoms and/or findings suggestive of a significant pathology. Clinical documentation submitted for review indicated the patient was the same. There was a lack of documentation of exceptional factors to warrant nonadherence to guideline recommendations. The patient was noted to have right prepatellar deep tendon reflexes of 1-/4 on the right and 2+ on the left with significant weakness of the right ankle extensor mechanism as well as flexion/extension of the right knee and the patient had moderate foot drop on the right. The patient's condition was noted to be the same. There was a lack of documentation indicating these were new findings. Given the above, the request for an MRI of lumbar spine between 10/10/2013 and 12/16/2013 is not medically necessary and appropriate.