

Case Number:	CM13-0061527		
Date Assigned:	05/21/2014	Date of Injury:	05/06/2010
Decision Date:	07/30/2014	UR Denial Date:	11/07/2013
Priority:	Standard	Application Received:	12/05/2013

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 Occupational 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 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:

This is a 45-year-old male with a 3/6/11 date of injury. He was working as a machinist who was injured while lifting boxes full of nails, as well as cumulative trauma between 5/09 to 5/11. In a 1/6/14 progress note, the patient reported frequent pain in the lumbar spine. The pain occasionally radiates to the lateral aspect of the left thigh to the left big toe. The pain increased with activity. He had occasional numbness and tingling in the same area as the pain. Sometimes the pain interfered with his ability to engage in social and recreational activities and with his concentration and thinking. His pain level averaged 4/10 and is 5/10 at its worst. Objective findings: lumbar spine flexion at 40 degrees, extension at 20 degrees, right tilt at 15 degrees, and left tilt at 15 degrees, sensor and motor power testings were normal, deep tendon reflexes were normal, straight leg raising is positive on the left. It was documented that a lumbar MRI on 6/6/11 showed degenerative changes and disc pathology, however the official MRI report was not provided for review. Diagnostic impression: Lumbar discogenic disease at L4-5 and L5-S1, lumbar radiculopathy. Treatment to date: medication management, activity modification, home exercise program, ESI, lumbar spine facet blocks.

IMR ISSUES, DECISIONS AND RATIONALES

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

MAGNETIC RESONANCE IMAGE OF THE LUMBAR SPINE: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, MRI.

Decision rationale: CA MTUS supports imaging of the lumbar spine in patients with red flag diagnoses where plain film radiographs are negative; unequivocal objective findings that identify specific nerve compromise on the neurologic examination, failure to respond to treatment, and consideration for surgery. ODG indications for repeat imaging include: To diagnose a suspected fracture or suspected dislocation, to monitor a therapy or treatment which is known to result in a change in imaging findings and imaging of these changes are necessary to determine the efficacy of the therapy or treatment (repeat imaging is not appropriate solely to determine the efficacy of physical therapy or chiropractic treatment), to follow up a surgical procedure, to diagnose a change in the patient's condition marked by new or altered physical findings, to evaluate a new episode of injury or exacerbation which in itself would warrant an imaging study, or when the treating health care provider and a radiologist from a different practice have reviewed a previous imaging study and agree that it is a technically inadequate study. There is no documentation of significant changes in the patient's symptoms or an acute exacerbation of the patient's condition since the previous MRI. Furthermore, in the progress notes reviewed, there is no mention of a request for an additional MRI or discussion provided as to why it would be necessary for this patient. Therefore, the request for Magnetic Resonance Image of the lumbar spine was not medically necessary.