

Case Number:	CM14-0000956		
Date Assigned:	01/22/2014	Date of Injury:	11/03/2004
Decision Date:	06/11/2014	UR Denial Date:	11/28/2013
Priority:	Standard	Application Received:	01/02/2014

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:

The patient is a 47-year-old female who was injured on 11/03/2004. The mechanism of injury is unknown. Prior treatment history has included trigger point injections on 05/16/2013. The patient's medications consist of: multivitamin, Vicodin ES, Ativan, Cymbalta, Imitrex, and Norco. The diagnostic studies reviewed include MRI (magnetic resonance imaging) of the lumbar spine performed in 2007 showing left-sided disc protrusion at L5-S1, 1-4 mm. According to a utilization review (UR) report dated 12/02/2013 a recent MRI of the lumbar spine dated 11/17/2009 showed L5-S1 disc protrusion and annular tear. Progress report dated 11/14/2013 documented the patient with complaints of back pain that radiates down mostly her left lower limb course on the posterior aspect but also affecting her anterior thigh as well. There is shooting electric type component to the pain. The radicular symptoms are more intermittent but her axial pain in the lumbosacral area is essentially constant. Her pain is worse with activity. She has had lumbar epidural steroid injection (ESI) in the past performed about 2 years ago and it did provide her some significant relief of greater than 50%. She has gotten significant relief with trigger point injections in the past, the last set of injections did not help too much. Objective findings on examination of the lumbar spine reveal no scoliosis. Straight leg raise on the right is normal at 90 degrees. Straight leg raise on the left at 60 degrees is positive. Palpation of the lumbar facet reveals pain on both the sides at L3-S1 region. There is pain noted over the lumbar intervertebral spaces (disc) on palpation. Palpation of the bilateral sacroiliac joint area reveals no pain. Palpable twitch positive trigger points are noted in the lumbar paraspinal muscles. The patient's gait appears to be antalgic. Anterior flexion of lumbar spine is noted to be 40 degrees. Anterior lumbar flexion causes pain. Extension of lumbar spine is noted to be 15 degrees. There is no pain noted with lumbar extension. Left lateral flexion of the lumbar spine is noted to be full at 25 degrees. Left lateral flexion causes pain. Right lateral flexion is noted to be full at 25 degrees. No

pain noted with right lateral flexion. Motor strength is grossly normal except pain inhibited weakness of the left hip flexion, dorsiflexion. Sensation in upper extremities is grossly intact. Lower extremity sensation decreased pinprick sensation in the left L5-S1. Deep tendon reflexes are intact throughout except 1+ on left L4. The diagnoses are: lumbar radiculopathy, muscle spasm, lumbosacral spondylosis, and degenerative disc disease, lumbar UR report dated 12/02/2013 denied the request for MRI of the lumbar spine without contrast as there is no significant change in clinical status that warrants repeating a lumbar MRI at the present time.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI LUMBAR SPINE WITHOUT CONTRAST.: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287 &303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Indications for imaging- Magnetic resonance imaging.

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 - Lumbar & Thoracic (Acute and Chronic), MRI's (Magnetic resonance imaging), and the American College of Radiology Appropriateness Criteria (2008).

Decision rationale: This is a request for lumbar MRI without contrast for a 47 year old female with date of injury of 11/3/04. The patient has chronic low back pain with left lower extremity radiculopathy. The patient had lumbar MRI (magnetic resonance imaging) in 2007 and another on 11/17/09, which apparently showed L5-S1 disc protrusion and annular tear. The MRI report is not available for review. ██████████ requested repeat MRI on 11/14/13 due to worsening low back and radicular symptoms. The clinical notes document worsening low back and radicular symptoms going back to 4/17/13. Prior records are not available. It is not entirely clear if the physical examination findings worsened in this time frame as several notes are absent strength and reflex testing. However, on 11/14/13, the patient is noted to have positive straight leg raise on the left, decreased left lower extremity sensation to pinprick in an L5-S1 distribution and decreased left L4 reflex at 1+. Taking into consideration, chronic low back pain, worsening low back and radicular complaints, radiculopathy findings on examination, 4 years since the patient's last lumbar MRI, and potential surgical candidate, medical necessity is established. As such, the request is certified.