

Case Number:	CM14-0004500		
Date Assigned:	02/05/2014	Date of Injury:	08/27/2009
Decision Date:	06/20/2014	UR Denial Date:	01/08/2014
Priority:	Standard	Application Received:	01/13/2014

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 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:

This 44-year-old male sustained an industrial injury on 8/27/09, when he was lifting a heavy table and slipped. The 11/22/11 lumbar MRI documented significant disc protrusions, 8-9 mm at L4/5 and 7-8 mm at L5/S1. The patient was treated with physical therapy, epidural steroid injections, and pain medications. The 4/13/13 lumbar MRI impression documented a 3-4 mm central and right L4/5 disc protrusion that encroached on the exiting right L4 nerve root and descending right L5 nerve root. There was a 2 mm central and left L5/S1 disc protrusion with apparent encroachment on the exiting L5 nerve root and abutment of the descending left S1 nerve root. The 12/2/13 orthopedic AME indicated that the patient's condition had not changed since the evaluation of 7/16/12. The 12/11/13 spine surgery consult report cited constant grade 9/10 low back pain radiating into the right buttocks, posterior thigh and legs with numbness, tingling and weakness. Conservative treatment, including physical therapy and epidural steroid injection, had been tried and failed. Physical exam findings documented decreased light touch sensation in the right distal leg in a stocking pattern and to the right dorsal and plantar foot. Right lower extremity strength was globally 3/5, left was 5/5. Deep tendon reflexes were 2+ and symmetrical. Tandem, heel, and /toe walk were impaired, and nerve tension signs were negative. The treatment plan recommended routine x-rays, routine lumbar spine MRI, and posterior decompression/stabilization and/or fusion at L4/5. The 1/6/14 utilization review denied the request for MRI as it was part of surgical planning and the surgery was not certified. The 1/10/14 primary treating physician report stated that the patient did not wish to proceed with back surgery at this time.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI FOR THE LUMBAR SPINE W/O DYE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM, CHAPTER 12, 305

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: AMERICAN COLLEGE OF OCCUPATIONAL AND ENVIRONMENTAL MEDICINE (ACOEM), 2ND EDITION, (2004) , LOW BACK DISORDERS (REVISED 2007) , 53

Decision rationale: Under consideration is a request for lumbar spine MRI without dye. The ACOEM revised low back guidelines indicate that repeat MRI imaging without significant clinical deterioration in symptoms and/or signs is not recommended. Guideline criteria have not been met. The 12/2/13 AME examination documented that there had been no change in the patient's condition since 7/16/12. A lumbar MRI was last performed on 4/13/13. The current request appears to be for pre-surgical planning, however, the surgery has been declined by the patient. There is no compelling reason presented to support the medical necessity of a repeat lumbar spine MRI at this time. Therefore, this request for lumbar spine MRI without dye is not medically necessary and appropriate.