

Case Number:	CM14-0006447		
Date Assigned:	02/07/2014	Date of Injury:	09/26/2012
Decision Date:	06/23/2014	UR Denial Date:	12/20/2013
Priority:	Standard	Application Received:	01/17/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 46-year-old male with a date of injury of 09/26/2012. The listed diagnoses per [REDACTED] are predominantly right lumbar radiculopathy, right greater than left lumbosacral strain and SI joint strain and bilateral hip pain, right greater than left. According to the 11/25/2013 progress report by [REDACTED], the patient presents with bilateral hip and lumbar spine pain. He describes his pain as 7/10 on the pain scale. The low back pain radiates to the lower extremity with burning sensation. An examination of the lumbar spine revealed loss of lordosis and palpation of paralumbar muscles showed moderate muscle spasm. There is moderate tenderness of paralumbar muscles mostly on the right side with moderate point tenderness of the right SI joint and lumbosacral region. Straight leg raise test is positive on the right at 60 degrees. Sensation is altered to light touch in the right S1 dermatome. Review of medical records indicate the patient had an MRI of the lumbar spine on 01/28/2013 which revealed degenerative disk disease throughout the lumbar spine showing mild foraminal encroachment at L3-L4 and L5-S1 and small annular bulges noted at L2 to L5. The request is for an updated MRI of the lumbar spine. The utilization review denied the request on 12/20/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI, UPDATED, LUMBAR SPINE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Guidelines, Low Back Chapter, MRI.

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

Decision rationale: This patient presents with continued low back pain that radiates down to the right lower extremity with burning sensation. The provider recommends the patient obtain updated MRI of the lumbar spine. For special diagnostics, ACOEM Guidelines page 303 states "unequivocal objective findings that identify specific nerve compromise on the neurological examination is sufficient evidence to warrant imaging in patients who do not respond well to treatment and who would consider surgery as an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study." For this patient's now chronic condition with radicular symptoms and weakness, ODG guidelines provide a good discussion. ODG recommends obtaining an MRI for uncomplicated low back pain with radiculopathy after 1 month of conservative therapy, sooner if severe or progressive neurologic deficit. Medical records show an MRI of the lumbar spine was taken on 01/28/2013. In this case, the patient has had an MRI and it is unclear what another MRI is to accomplish. There is no new injury, no red flags, no neurologic deterioration, no surgical planning. Recommendation is for denial.