

Case Number:	CM14-0007001		
Date Assigned:	02/07/2014	Date of Injury:	04/09/2013
Decision Date:	07/11/2014	UR Denial Date:	12/20/2013
Priority:	Standard	Application Received:	01/18/2014

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 27-year-old male who has submitted a claim for incidental finding of left kidney mass, left lumbar radiculopathy, and left sacroiliac joint dysfunction associated with an industrial injury date of April 9, 2013. Medical records from 2013-2014 were reviewed. The patient complained of persistent low back pain, grade 9/10 in severity. The pain radiates to the left leg and foot. Physical examination showed lumbosacral area tenderness and tightness. Range of motion of the lumbosacral area was limited. There was hypoesthesia and dysesthesia of the left posterior thigh, calf and gluteus as well as the dorsum of the foot. Motor testing was 3/5 on left upper extremity. There was absent deep tendon reflexes on the left lower extremity. MRI of the lumbar spine, dated October 1, 2013 revealed L3-L4 mild ligamentous and facet hypertrophy, mild bilateral neural foraminal stenosis more on the right; L4-L5 mild to moderate ligamentous and facet hypertrophy, minimal ridge and bulge, mild bilateral neural foraminal stenosis, mild central canal stenosis, and mild bilateral lateral recess stenosis; L5-S1 mild to moderate bilateral facet hypertrophy greater on the right, minimal ridge and bulge, and minimal neural foraminal stenosis; and abnormal left-sided retroperitoneal adenopathy and potential mass arising from the inferior pole of the left kidney, partially visualized on that exam. Treatment to date has included medications, physical therapy, chiropractic therapy, home exercise program, activity modification, TENS, and lumbar epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

REPEAT MAGNETIC RESONANCE IMAGING (MRI) OF THE LUMBAR SPINE:

Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304.

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 Section, MRI.

Decision rationale: As stated on pages 303-304 of the ACOEM Practice Guidelines, 2nd Edition (2004) referenced by CA MTUS, imaging of the lumbar spine is recommended 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. In addition, Official Disability Guidelines recommends MRI for the lumbar spine for uncomplicated low back pain, with radiculopathy, after at least 1 month conservative therapy, sooner if severe or progressive neurologic deficit. In this case, MRI was requested to determine accurate current diagnosis for ongoing intractable pain not explained by previous MRI. The MRI of the lumbar spine done last October 1, 2013 revealed L3-L4 and L4-L5 mild bilateral neural foraminal stenosis, L5-S1 minimal neural foraminal stenosis, and an abnormal left-sided retroperitoneal adenopathy and potential mass arising from the inferior pole of the left kidney. In the recent clinical evaluation, the patient still complains of low back pain and lower extremity symptoms. However, the documentation did not describe any significant worsening of symptoms. There was also no discussion regarding failure to respond to treatment or future surgical plans. There is insufficient information to warrant a repeat lumbar MRI at this time. Therefore, request for REPEAT MAGNETIC RESONANCE IMAGING (MRI) OF THE LUMBAR SPINE is not medically necessary.