

Case Number:	CM14-0007939		
Date Assigned:	02/10/2014	Date of Injury:	11/13/2009
Decision Date:	06/24/2014	UR Denial Date:	12/23/2013
Priority:	Standard	Application Received:	01/21/2014

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, 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 injured worker is a 46-year-old male who reported an injury on 11/13/09. The clinical documentation indicated the injured worker had undergone a prior MRI. The mechanism of injury was lifting a box weighing approximately 40 pounds, stepping on a cement slab, and holding the box overhead. The box did not fit into the area where the injured worker wanted to place it, and when he stepped down off the cement slab with the box overhead, his back arched and he felt pain in his right upper back. The injured worker had an x-ray on 5/23/13 which revealed 5 lumbar segments and the pedicles were intact. There was no spondylolysis. The intervertebral disc spaces were well maintained and there was no translation in stability on flexion, extension, or laterals. The physical examination revealed that the injured worker had seated sensation to light touch and intact bilaterally. The injured worker had tingling on the left lateral foot. The motor strength was 5/5. The documentation of 12/5/13 revealed the injured worker had an MRI in 2011 that demonstrated a left L3-4 disc extrusion. Upon physical examination, it was noted the motor and sensory examination were grossly normal with the exception for the left quadriceps and hip flexor in which strength was 4+/5. The injured worker had a diminished left patella reflex and diminished sensation along the anterior left thigh. The injured worker had lumbar spine x-rays on 12/5/13 which indicated there was good overall alignment with no pars defect. There was no spondylolisthesis. The diagnoses included left L3-4 disc herniation, left thigh pain, and back pain. The injured worker underwent a nerve conduction study on 6/28/13, which revealed a slowing near the motor conduction velocities in the bilateral lower limbs, reduced amplitudes, and absent sural sensory responses bilaterally. There was no evidence for peroneal entrapment. The EMG revealed fasciculations without active denervation in the vastus medialis and vastus lateralis. There was no evidence for a myopathic process. The study was suggestive of a significant peripheral neuropathy with axonal and demyelinating

features. The atrophy and fasciculations of the left thigh in the context may signify a diabetic amyotrophy. The physician opined that a left femoral mononeuritis or a left L3-4 radiculopathy should also be considered with clinical correlation. The treatment plan was a new lumbar MRI, since the old one was 2 years previous to the examination.

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: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: LOW BACK COMPLAINTS , , 303-304

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, MRI

Decision rationale: The ACOEM/MTUS guidelines do not address repeat MRI, so alternative guidelines were used. The Official Disability Guidelines indicate a repeat MRI is not routinely recommended and should be reserved for a significant change in symptoms and/or findings suggestive of a significant pathology. This request was previously denied as there was no documentation of new or progressive neurologic changes. The clinical documentation submitted for review indicated that the injured worker had a progression of symptoms. The electrodiagnostics supported a left femoral mononeuritis or left L3-4 radiculopathy. While there was a lack of documentation of the official reading from the prior MRI, the injured worker had a significant change in symptoms and/or findings suggestive of a significant pathology from 05/2013 through 12/5/2013. As such, the request is medically necessary.