

Case Number:	CM14-0107822		
Date Assigned:	08/01/2014	Date of Injury:	07/29/2013
Decision Date:	10/27/2014	UR Denial Date:	06/11/2014
Priority:	Standard	Application Received:	07/11/2014

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:

Injured worker is a male with date of injury 7/29/2013. Per primary treating physician's progress report dated 6/4/2014, the injured worker returns with persistent low back pain and left sciatica greater on the left than the right with a sense of weakness to plantar flexion and dorsiflexion in the left lower extremity distally with also sense of some intermittent incontinence type symptoms. He denies any weight loss since last seen and continues to take tramadol analgesic and anti-inflammatory medication. He is not working. On examination he is very overweight and in some obvious distress. He walks with an antalgic gait favoring the left lower extremity. His lumbar spine examination reveals marked decreased range of motion secondary to pain with mild tenderness and spasm. The lower extremity examination reveals marked decreased range of motion secondary to pain with mild tenderness and spasm. The lower extremity examination reveals good pulses bilaterally. He has an inability to do heel or toe walking on the left which appears to be due to accommodation of pain and motor weakness. He describes some diffuse decreased sensation in the left lower extremity distally. He has positive straight leg raise on the left at about 40 degrees and on the right at about 60-70 degrees. He has hyperreflexia reflexes in both lower extremities equal bilaterally. There is no clonus. Diagnoses include 1) intervertebral disc disorders with radiculopathy, lumbosacral region 2) lumbar sprain 3) spondylosis with myelopathy, lumbar region 4) diabetes.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the lumbar spine: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 297, 303-304, 309.

Decision rationale: The MTUS Guidelines do not recommend the routine use of MRI with low back complaints. MRI should be reserved for cases where there is physiologic evidence that tissue insult or nerve impairment exists, and the MRI is used to determine the specific cause. MRI is recommended if there is concern for spinal stenosis, cauda equine, tumor, infection or fracture is strongly suspected, and x-rays are negative. The requesting physician explains that because of the multilevel disc protrusions that the injured worker has and the need for aggressive surgical intervention despite the fact that he has not been able to lose weight, another MRI of the lumbar spine is requested to better determine which of the levels are most significantly related to his clinical presentation. The repeat MRI is for reevaluation and consideration of possible surgical intervention. The physical exam findings are significant for multiple signs suggestive of neurological deficits that may benefit from surgical correction. It is this opinion of this expert review that the requesting physician has established medical necessity consistent with the recommendations of the MTUS Guidelines. The request for MRI of the lumbar spine is medically necessary