

Case Number:	CM14-0122764		
Date Assigned:	08/08/2014	Date of Injury:	02/02/2013
Decision Date:	11/25/2014	UR Denial Date:	07/11/2014
Priority:	Standard	Application Received:	08/04/2014

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:

The patient is a 51-year-old male with a date of injury of 02/02/2013. The listed diagnosis per [REDACTED] is L3 to S1 disk herniations with left greater than right foraminal stenosis most significantly at the L4 to S1 levels. According to progress report 06/16/2014, the patient presents with severe mechanical axial back pain and bilateral leg radiculopathies with numbness and weakness. Examination revealed range of motion is 20 degrees extension, 45 degrees flexion, and 45 degrees lateral rotation. Strength examination is limited by pain. Sensation is diminished to the left L4, L5, and S1 light touch dermatomal distribution. There is a positive straight leg raise at 30 degrees to the left leg. Treater states that there is an MRI of the lumbar spine from mid 2013 which revealed "discogenic changes of a moderate degree at the L4 to L5 level of a significant degree at the L5 to S1 level with disk space collapse at the L5 to S1 level. There are associated disk herniations at the L3 through S1 with bilateral foraminal stenosis, left greater than right particularly at the L4 to L5 and L5 to S1 level where there is almost complete stenosis along the sciatic nerve." The treater would like to request an updated MRI. Utilization review denied the request on 07/11/2014. Treatment reports from 01/07/2014 through 07/29/2014 were reviewed.

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: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines - TWC: Low Back (Lumbar & Thoracic), Magnetic Resonance Imaging

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

Decision rationale: This patient presents with severe mechanical axial back pain and bilateral leg radiculopathies with numbness and tingling. The treater states that the patient's MRI from 2013 is "outdated" and is requesting a new MRI of the lumbar spine to "see his exact current anatomy and pathology." 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." In this case, there are no new injuries, no significant changes in examination, no bowel/bladder symptoms, or new location of symptoms that would require additional investigation. The requested repeat MRI of the lumbar spine is not medically necessary and recommendation is for denial.