

Case Number:	CM14-0145085		
Date Assigned:	09/12/2014	Date of Injury:	08/16/2010
Decision Date:	11/18/2014	UR Denial Date:	08/06/2014
Priority:	Standard	Application Received:	09/08/2014

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 33 year old with an injury date on 8/16/10. Patient complains of ongoing low lumbar pain with radiation into left anterior thigh distribution per 7/29/14 report. The back pain has gradually increased over the years, and has recently had an exacerbation of pain in left lower extremity which sent him to ER and unable to return to work for 5 days, but back pain is still worse than leg pain per 7/29/14 report. Based on the 7/29/14 progress report provide, the diagnoses are: 1. lumbago 2. lumbar disc herniation, L4-5, central, bilateral lateral recess narrowing 3. lumbar disc herniation, L5-S1, central, right 4. lumbar radiculopathy, L5 Exam on 7/29/14 showed "reduced L-spine range of motion, negative straight leg raise bilaterally. Decreased sensation left anterior thigh and medial lateral calf." Patient's treatment history includes an epidural steroid injection. Treater is requesting magnetic resonance imaging of the lumbar spine without contrast. The utilization review determination being challenged is dated 8/6/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Magnetic Resonance Imaging of the lumbar spine without contrast: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines

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

Decision rationale: This patient presents with lower back pain and left leg pain. The treater has asked for magnetic resonance imaging of the lumbar spine without contrast on 7/29/14. Patient had two prior lumbar MRIs, one from August 2013 and another from 2010. From 2010 to 2013, patient developed a moderate sized central disc herniation L4-5 with bilateral L4-5 lateral recess narrowing, and moderate central disc herniation central to right L5-S1 according to 7/29/14report. Patient recently had an exacerbation of back and left lower extremity pain, and treater is requesting an updated MRI. ODG guidelines state: "Repeat MRI's are indicated only if there has been progression of neurologic deficit." In this case, the treater is requesting an MRI for a recent exacerbation with a recent ER visit. Examination showed sensory change only and is not known if this is new. However, given the patient's prior MRI that showed significant herniation and the patient's current severe worsening of leg symptoms, a repeat MRI appears reasonable. The patient may require surgical intervention given the failure to improve with conservative care.