

Case Number:	CM14-0157653		
Date Assigned:	09/30/2014	Date of Injury:	10/19/2011
Decision Date:	10/28/2014	UR Denial Date:	09/04/2014
Priority:	Standard	Application Received:	09/25/2014

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 and Environmental Medicine, and is licensed to practice in Colorado. 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 worker is a 45-year-old male who was injured on 10/19/2011 leading to the development of low back pain. The worker's symptoms are documented to have included chronic lumbar backache, bilateral lower extremities left more than right, and radiculopathic pain, numbness, weakness. The worker's diagnoses are documented to have included status post lumbar fusion with repair of spinal leak, failed lumbar back surgery syndrome, status post hardware removal, diabetes and hypertension. Examination findings include decreased sensation and absent patellar reflex but normal motor strength in the left lower extremity. There is objective evidence of L5 distribution radiculopathy clinically. Diagnostic testing include an MRI scan in March of 2013 which documents a prior intervertebral disc fusion at L3-4 with mild L3-4 facet joint arthropathy and mild L3-4 lateral recess stenosis. There is moderate left and mild right L5-S1 facet joint arthropathy with left mild foraminal encroachment. On 8/7/2014 there is documentation of worsened low back pain, right leg pain, right leg numbness, and tingling. Examination findings found positive bilateral straight leg raising decreased sensation in multiple dermatomes. Provider requests MRI scan of the lumbar spine because of severe exacerbation and new complaints of right lower extremity pain. There is a request for authorization of lumbar MRI scan dated 8/19/2014.

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, with contrast: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303 - 305.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Low Back Complaints Page(s): 303-304.

Decision rationale: There are no neurologic red flags documented. The medical records document chronic bilateral lower extremity symptomology including pain, numbness, and weakness. According to the MTUS indiscriminant imaging will result in false-positive findings, such as disk bulges, that are not the source of painful symptoms and do not warrant surgery. According to the MTUS the medical necessity criteria for MRI scan of the lumbar spine include the following: 1) Unequivocal objective findings that identify specific nerve compromise on the neurologic examination; When the neurologic examination is less clear, further physiologic evidence of nerve dysfunction (e.g. Electromyography (EMG), including H-reflex tests) lasting more than three or four weeks should be obtained before ordering an imaging study; 2) An imaging study may be appropriate for a patient whose limitations due to consistent symptoms have persisted for one month or more to further evaluate the possibility of potentially serious pathology, such as a tumor. The request for lumbar spine MRI scan in this case is not medically necessary or appropriate because there is insufficient documentation of unequivocal objective findings identifying a specific nerve compromise, the duration of the worker's symptoms (i.e. the symptoms of worsened right lower extremity pain, etc.) have not persisted for greater than one month and, there are no additional studies, such as electrodiagnostic studies, providing physiologic evidence of nerve dysfunction that is "new" relative to the pre-existing symptomology.