

Case Number:	CM14-0169489		
Date Assigned:	10/17/2014	Date of Injury:	05/25/2013
Decision Date:	11/19/2014	UR Denial Date:	10/01/2014
Priority:	Standard	Application Received:	10/14/2014

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 Family 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:

The injured worker is a 29-year-old man who sustained an injury on May 25, 2012. The mechanism of injury was not documented in the submitted documents. Prior treatments included physical therapy, acupuncture, chiropractic therapy, modified duties, and a failed corset. The injured worker was status-post caudal epidural steroid injection at L5-S1 on October 2, 2012. X-rays of the lumbar spine dated June 19, 2012 documented that there was a possible spondylosis of the L5. MRI report of the lumbar spine dated August 31, 2012 documented that there was degenerative disc disease at the (L2-S1?) and L4-L5. Electrodiagnostic study report dated March 11, 2013 documented that there was no electrodiagnostic evidence of lumbar axonal motor radiculopathy, lumbosacral plexopathy, right lateral plantar motor neuropathy, or bilateral lower extremity localized sensory or peroneal neuropathy. Electromyography study results did not exclude the possibility of lumbar sensory radiculitis. Clinical correlation was recommended. The Primary Treating Physician's Progress Report (PR-2) dated September 24, 2014 documented that the injured worker had low back pain. The pain was rated 7-8/10 that radiated in the left posterior leg. The back pain was described as a constant ache, worse with lifting, bending, or twisting. Physical examination showed that there was unassisted gait. There was tenderness to palpation at the left spine paraspinal muscles with pain in the end of flexion and extension. There was decreased sensation at the left L4 and L5. The straight leg raise was positive on the left. The strength of the extensor hallucis longus, gastrocnemius, and tibialis anterior were 5/5. Treatment plan includes MRI of the lumbar spine. The injured worker was on modified duty until September 26, 2014 with no lifting or carrying over 10pounds. The injured worker was diagnosed with strain and spondylosis of the lumbosacral.

IMR ISSUES, DECISIONS AND RATIONALES

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

Magnetic Resonance Imaging (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 ODG Low Back

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 Section; MRI

Decision rationale: Pursuant to the Official Disability Guidelines, the MRI of the lumbar spine is not medically necessary. The guidelines set the indications for magnetic resonance imaging. Repeat MRIs are not routinely recommended and should be reserved for a significant change in symptoms and findings suggestive of significant pathology. This would include tumor, infection, fracture, neural compression, recurrent disc herniation. In this case, the injured worker had an MRI of the lumbar spine August 31 of 2012. That MRI showed degenerative disc disease at L2 and L4-L5; there was no central stenosis; and there was mild bilateral foraminal stenosis L5-S1. There was no electrodiagnostic evidence of lumbar radiculopathy, lumbar plexus of the, right lateral plantar motor neuropathy or bilateral lower extremity localized sensory peroneal neuropathy. EMG studies did not exclude the possibility of lumbar sensory radiculitis. However, there is no documentation in the medical record showing the injured worker sustained deterioration or alteration in neurologic function since the previous MRI dated August 31, 2012. There is also no documentation that this patient is considered a surgical candidate for which updated imaging study would be appropriate. Consequently, based on the aforementioned unchanged physical examination there is no indication for repeat MRI lumbar spine. Based on the clinical information in the medical record and the peer-reviewed evidence-based guidelines, the MRI lumbar spine is not medically necessary.