

Case Number:	CM14-0170895		
Date Assigned:	10/23/2014	Date of Injury:	07/12/2012
Decision Date:	11/21/2014	UR Denial Date:	09/24/2014
Priority:	Standard	Application Received:	10/16/2014

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 62-year-old male with an injury date of 07/12/12. Based on the 09/16/14 progress report provided the treater, the patient complains of low back pain that radiates down bilateral lower extremities right greater than left. Physical examination of the lumbar spine revealed pain and tenderness, decreased range of motion, and decreased strength. Positive straight leg raise test. Per AME report dated 07/25/14, patient is not considered capable of performing his usual and customary work duties. His current level of lumbar disability is apportioned 15% to nonindustrial degenerative disc changes. MRI lumbar spine 10/17/12 per AME report dated 07/05/14 indicated severe bilateral L4-L5 facet joint arthropathy and moderate ligamentum flavum hypertrophy. There is a 3 to 4 mm degenerative anterior listhesis of L4 on L5. There is a 2.5 mm broad-based posterior disc protrusion also identified, contributing to moderate right and moderate to severe left L4-L5 foraminal encroachment with potential for impingement upon exiting L4 nerves, left greater than right. There is also moderate L4-L5 spinal canal stenosis. There is a 3 to 3.5 mm broad-based posterior disc protrusion at L5-L1 with mild facet- joint arthropathy, resulting in mild to moderate bilateral L5-S1 foraminal encroachment bilateral recess stenosis. There is also a mild L3-L4 spinal canal stenosis and mild left L3-L4 lateral recess stenosis with a 2 to 3 mm posterior disc protrusion. Diagnosis per 09/16/14 consist of:- lumbar spine S/S- left knee S/S- internal derangement and degenerative- joint disease left knee Treater is requesting MRI of the lumbar spine. The utilization review determination being challenged is dated 09/24/14. The rationale is "specific nerve compromise has not been established by history or examination..."

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 (ODG) Low Back (updated 08/22/14)

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

Decision rationale: The patient presents with low back pain that radiates down bilateral lower extremities right greater than left. The request is for MRI of the lumbar spine. His diagnosis dated 09/16/14 includes lumbar spine signs and symptoms, and physical examination shows positive straight leg raise test. Regarding MRI of L-spine ACOEM guidelines, Chapter 12, page 303 states: "Unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option." For uncomplicated low back pain, ODG guidelines require at least one month of conservative therapy and sooner if severe or progressive neurologic deficit is present for an MRI. ODG supports an MRI for prior lumbar surgery as well. Per AME report dated 07/05/14, MRI lumbar spine study was done on 10/17/12. Treater has not stated purpose for repeat Lumbar Spine MRI. For an updated or repeat MRI, the patient must be post-operative or present with a new injury, red flags such as infection, tumor, fracture or neurologic progression. This patient does not present with any of these. The request is not medically necessary.