

Case Number:	CM14-0171706		
Date Assigned:	10/23/2014	Date of Injury:	02/02/2011
Decision Date:	12/22/2014	UR Denial Date:	09/24/2014
Priority:	Standard	Application Received:	10/17/2014

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 Emergency Medicine and is licensed to practice in New York. 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 47-year-old female who was injured on February 2, 2011. The patient continued to experience pain in her low back and buttocks. Physical examination was notable for decreased range of motion of the lumbar spine, tenderness of the left paraspinal muscles, positive straight leg raise, diminished sensation to left lateral thigh and anteromedial left lower leg, and mild weakness to the left tibialis anterior and extensor hallucis longus. MRI of the lumbar spine dated May 6, 2011 reported herniated nucleus pulposus at L4-5 with left-sided paracentral herniation abutting the cord and left-sided lateral recess narrowing at L4-5, affecting the L5 nerve roots. Diagnoses included lumbar disc displacement without myelopathy, lumbago, and thoracic/lumbar neuritis/radiculitis. Treatment included medications, epidural steroid injections, physical therapy, and home exercise program. Requests for authorization for lumbar spine MRI and surgical consult with [REDACTED] were submitted for consideration.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar spine MRI: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back (Acute & Chronic).

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 - Lumbar and Thoracic MRI's).

Decision rationale: MRI of the spine is recommended for indications below. MRI's are test of choice for patients with prior back surgery. MRI of the lumbar spine for uncomplicated low back pain, with radiculopathy, is not recommended until after at least one month conservative therapy, sooner if severe or progressive neurologic deficit. Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (e.g., tumor, infection, fracture, neurocompression, and recurrent disc herniation). Indications for imaging -- Magnetic resonance imaging:- Thoracic spine trauma: with neurological deficit- Lumbar spine trauma: trauma, neurological deficit- Lumbar spine trauma: seat belt (chance) fracture (If focal, radicular findings or other neurologic deficit)- Uncomplicated low back pain, suspicion of cancer, infection, other "red flags"- Uncomplicated low back pain, with radiculopathy, after at least 1 month conservative therapy, sooner if severe or progressive neurologic deficit.- Uncomplicated low back pain, prior lumbar surgery- Uncomplicated low back pain, cauda equina syndrome- Myelopathy (neurological deficit related to the spinal cord), traumatic- Myelopathy, painful- Myelopathy, sudden onset- Myelopathy, stepwise progressive- Myelopathy, slowly progressive- Myelopathy, infectious disease patient- Myelopathy, oncology patient In this case the patient had no significant change in physical examination in at least 6 months. Repeat MRI is not indicated. The request is not medically necessary and appropriate.

Surgical consult with [REDACTED]: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 289-291.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-306.

Decision rationale: In this case consult with [REDACTED] is for possible microdiscectomy. Referral for surgical consideration is indicated for patient who have 1) severe and disabling lower leg symptoms in a distribution consistent with abnormalities on imaging studies (radiculopathy), preferably with accompanying objective signs of neural compromise, 2) activity limitations due to radiating leg pain for more than one month or extreme progression of lower leg symptoms, 3) clear clinical, imaging, and electrophysiologic evidence of a lesion that has been shown to benefit in both the short and long term from surgical repair or 4) failure of conservative treatment to resolve disabling radicular symptom. In this case the patient's has no acute change in symptoms or objective signs of neural compromise. Indication for surgical intervention is not supported by the documentation in the medical record. The request is not medically necessary.