

Case Number:	CM14-0179454		
Date Assigned:	10/30/2014	Date of Injury:	08/11/2008
Decision Date:	12/11/2014	UR Denial Date:	10/08/2014
Priority:	Standard	Application Received:	10/29/2014

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, has a subspecialty in Clinical Informatics and is licensed to practice in Pennsylvania. 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:

This worker sustained an injury on August 11, 2008. According to July 1, 2014 orthopedic office visit note he had an EMG in August 2010 showing right L5 radiculopathy. Repeat EMGs in 2012 showed mild right L5 radiculopathy. MRI in 2009 showed protrusion of L4-L5 and L5-S1 and bulging at L3-L4, protrusion was mild on the right at L5-S1 and moderate to severe left at L5-S1. Repeat MRI was done in 2012 showing facet changes and thecal narrowing from L3-L5 with foraminal narrowing on the right at L4-L5 and L5-S1. He had epidural steroid injection in 2012 and again in 2014. Surgery had been recommended. According to office note on July 31, 2014 he was having persistent low back pain. Pain was shooting down both legs with numbness and tingling. Tingling had been particularly worse in the left leg and pain was becoming more severe and he was having almost constant numbness and tingling with prolonged standing or walking. Repeat MRI studies as well as EMG studies were requested due to increasing pain with more numbness and tingling especially on the left leg. Objective findings included tenderness across the lumbar paraspinal muscles bilaterally. Lumbar range of motion was decreased. He had positive straight leg raise on the left and negative on the right. Milgram test was positive. He had weakness with dorsiflexion and plantar flexion on the left and normal on the right. His medications included gabapentin for neuropathic pain and Norco. He was also receiving Effexor for depression and insomnia.

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 without contrast: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Section: Low Back, Topic: MRI

Decision rationale: According to the ODG, "Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (eg, tumor, infection, fracture, neurocompression, recurrent disc herniation)." In this case, although worsening subjective symptoms were reported, there were no new symptoms or objective findings that were not explained by the previous MRI's. Therefore, a repeat MRI is not medically necessary.