MAXIMUS Federal Services

Case Number:	CM14-0020343		
Date Assigned:	05/02/2014	Date of Injury:	05/15/2011
Decision Date:	07/08/2014	UR Denial Date:	02/10/2014
Priority:	Standard	Application Received:	02/19/2014

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 Internal 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 patient is a 27-year-old male who was injured on 05/15/2011. Mechanism of injury is unknown. Prior treatment history has included the patient receiving left sacroiliac joint injections under fluoroscopy on 08/29/2013 with no improvement of symptoms. He received a similar injection or the same exact injection on 11/29/2012 with two to three days of dramatic reduction of symptoms. He received a left L5-S1 facet medial branch nerve block on 09/20/2012 without improvement. He continues to utilize and interferential unit which he finds beneficial. His medications include; 1. Tizanidine 4 mg. 2. Tramadol 50 mg. 3. Celebrex 200 mg. 4. Dendracin Lotion. Diagnostic studies reviewed include an MRI of the lumbar spine dated 11/21/2013 revealing early disc disease, most notably at the level of L4-5. At this level, there is left paracentral disc protrusion, which contacts the left L5 nerve root. There is normal lumbar alignment. Progress report dated 01/07/2014 documented the patient with complaints of low back and left greater than right radicular symptoms. He remains symptomatic with weakness in the lower extremity. He notes aggravated symptoms with bending, stooping, twisting and prolonged sitting, standing and walking. Objective findings on examination of the lumbar spine reveal paraspinous muscle spasm. He is tender to palpation of the left sciatic notch. Deep tendon reflexes (DTRs) are equal and symmetric at the knees and ankles. Motor strength is 5/5 in all muscle groups of the bilateral lower extremities. He has a positive straight leg raise sign on the left at 60 degrees. Sensation is intact to light touch and pinprick in all dermatome of the bilateral lower extremities. Diagnosis is a herniated disc at L4-5 with L5 radiculopathy. Treatment Plan: Prior to making any surgical recommendations, I need to get a new MRI of the lumbar spine to see if he continues to have a large extruded herniated disc. UR report dated 02/10/2014 denied the request for repeat MRI scan because there is no evidence that shows that neurological defects. The patient had an updated MRI scan of the lumbar spine just 4 months ago completed

on 11/21/2013. There is no rationale provided as to why the patient would need a repeat MRI scan.

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 USING A CLOSED 1.5 TESLA MRI: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, MRI.

Decision rationale: As per CA MTUS guidelines, "when the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study." CA MTUS guidelines do not specifically discuss about repeat MRI of the lumbar spine. According to the ODG guidelines, repeat MRI may be considered if there are new concerning neurological symptoms or red flag symptoms including concern for spinal cord compression or infection. The clinical documents state the patient has ongoing back pain with radiculopathy; however, there does not appear to be concern for progression of symptoms or any red flag signs/symptoms. Based on the guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.