

Case Number:	CM14-0026262		
Date Assigned:	07/28/2014	Date of Injury:	10/09/2012
Decision Date:	10/07/2014	UR Denial Date:	02/10/2014
Priority:	Standard	Application Received:	03/03/2014

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 and is licensed to practice in Texas. 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 38 year old male who sustained an injury to his low back on 10/09/12 while being involved in a motor vehicle accident during the course of his duties. MRI of the lumbosacral spine dated 01/28/13 revealed overall mild degenerative changes. Electromyography and nerve conduction velocity (EMG/NCV) dated 04/01/13 revealed evidence of acute S1 radiculopathy on the left. Plain radiographs of the lumbar spine dated 04/08/13 revealed stable mild degenerative changes at L1 to L2; minor levoscoliosis. Progress report dated 12/09/13 reported that the patient continued to complain of low back pain radiating into his bilateral legs, left greater than right with associated weakness. Physical examination of the lumbar spine noted tenderness to palpation; guarding and spasm in paravertebrals bilaterally; trigger points in the lumbar paraspinal muscles bilaterally; manual muscle testing revealed 4/5 strength with flexion/extension and bilateral lateral bending; range of motion was restricted due to pain and spasm with flexion 50 degrees, extension 15 degrees, and bilateral lateral bending 15 degrees; sensory examination revealed decreased sensation at S1 dermatome bilaterally. The injured worker was diagnosed with lumbar disc protrusion and lumbar radiculopathy. The injured worker was recommended lumbar epidural steroid injection and lumbar spine MRI with CD/films for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flex/extension MRI of the lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 chapter, MRIs (magnetic resonance imaging)

Decision rationale: The previous request was denied on the basis that aside from positive straight leg raise, more specific neurological findings to corroborate radiculopathy that would justify the proposed procedure has not been provided. Furthermore, clinical documentation of previous diagnostic studies with findings that could predispose to nerve root dysfunction was not noted. There was no indication that the injured worker had been unresponsive to recommended conservative treatment including a recent course of active therapy, no report of a new acute injury or exacerbation of previous symptoms, no mention that a surgical intervention was anticipated, no physical examination findings of increased reflex deficits or loss of motor strength, and no additional significant red flags identified that would warrant repeat study. Given this, the request for Flexion/Extension MRI of the Lumbar Spine is not medically necessary.