

Case Number:	CM14-0031629		
Date Assigned:	06/20/2014	Date of Injury:	08/28/2013
Decision Date:	07/17/2014	UR Denial Date:	02/24/2014
Priority:	Standard	Application Received:	03/12/2014

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 California and Washington. 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 67-year-old who reported an injury due to repetitive lifting on August 28, 2013. In the clinical notes dated February 11, 2014, the injured worker complained of pain to the right gluteal region and right leg, which he rated 5/10, as well as numbness and tingling to the dorsum of the right foot. Prior treatments included 6 sessions of physical therapy, massage, medications, and acupuncture. It was also annotated that an electrodiagnostic study of the lower limbs on November 26, 2013 showed evidence of right L5 radiculopathy. The physical examination revealed restricted and painful range of motion of the lumbar spine, a positive straight leg raise on the right, decreased sensation to pinprick of the right L4, L5, and S1 dermatomes, and slightly decreased motor strength in right ankle dorsiflexors to 4+/5. The diagnosis included chronic right lumbar radiculopathy. The treatment plan included a request for an MRI of the lumbar spine, chiropractic manipulation, and modified duty. It was noted that the MRI was requested to establish whether the patient was a candidate for epidural steroid injection. The request for authorization for an MRI of the lumbar spine without contrast for the diagnosis of lumbago was submitted on February 17, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Magnetic Resonance Imaging (MRI) without contrast material: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46.

Decision rationale: The treating provider indicated that an MRI was requested to establish whether the patient was a candidate for epidural steroid injection. According to the CA MTUS Guidelines, epidural steroid injections may be appropriate when physical exam findings are corroborated by imaging studies or electrodiagnostic testing. It was annotated that the injured worker had an electrodiagnostic study on November 26, 2013 which revealed evidence of a right L5 radiculopathy. This correlates with her neurological deficits on physical exam including decreased sensation and motor strength in L5 distributions, as well as a positive right straight leg raise test. Therefore, further documentation is needed to indicate why an additional diagnostic study is needed to establish the appropriateness of an epidural steroid injection at this time. The request for a lumbar MRI without contrast material is not medically necessary or appropriate.