

Case Number:	CM14-0032770		
Date Assigned:	06/20/2014	Date of Injury:	04/10/2012
Decision Date:	07/25/2014	UR Denial Date:	02/28/2014
Priority:	Standard	Application Received:	03/14/2014

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 Anesthesiology, has a subspecialty in Pain Medicine 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 51 year old male who sustained an injury to his low back on 04/10/12. The mechanism of injury was not documented. Electrodiagnostic study (EMG/NCS) of bilateral lower extremities dated 01/31/14 revealed electrodiagnostic findings consistent with L4 and L5 lumbar radiculopathy. Physical examination noted antalgic gait right; inversion of the foot throughout all phases of gait; strength resisted inversion of the foot 4/5; toe extensors 4/5; muscle stretch reflexes 2+ bilaterally in lower extremities throughout; sensation reduced at right great toe compared to left; perception to pin prick intact and symmetric throughout all lower limb dermatomes tested; straight leg raise positive at 45 degrees on the right while in the sitting position; difficulty heel toe walking with right foot dropping out from under him. The injured worker had symptomatic spondylolisthesis. An MRI was recommended to examine the extent of the nerve compression.

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: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 701. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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 request for MRI of the lumbar spine is not medically necessary. Previous request was denied on the basis that there were no new focal neurological findings, as the patient is noted to have L4 and L5 radiculopathy by EMG, MRI findings noting spondylolisthesis with instability and disc height loss at L4-5 and L5-S1 was not medically appropriate. Considering the diagnoses were benign, there was no indication spondylolisthesis had worsened, therefore MRI was not indicated as medically necessary. There was no report of a new acute injury or exacerbation of previous symptoms. There was no mention that a surgical intervention was performed or was anticipated. There were no additional significant 'red flags' identified. Given this, the request for MRI of the lumbar spine is not indicated as medically necessary.