

Case Number:	CM14-0038449		
Date Assigned:	06/27/2014	Date of Injury:	08/19/2006
Decision Date:	08/15/2014	UR Denial Date:	03/18/2014
Priority:	Standard	Application Received:	04/01/2014

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 Occupational 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 53-year-old female who has submitted a claim for degenerative disc disease of the lumbosacral spine with L4-5 and L5-S1 bilateral radiculopathy associated with an industrial injury date of 08/19/2006. The medical records from 2013 to 2014 were reviewed. The patient complained of low back pain radiating towards the bilateral lower extremities, left worse than right. The pain was graded 8-9/10 in severity and relieved to 4-5/10 upon intake of medications. The physical examination of the lumbar spine showed restricted motion and tenderness. Sensation was diminished at the posterior aspect of left lower extremity from gluteal area to the ankle. Straight leg raise test was positive at 50 degrees on the left. Motor strength of right extensor hallucis longus was graded 3/5, and 4/5 on the left. Weakness of bilateral knee muscles was also noted at 4/5 grading. An MRI of the lumbar spine, dated 02/25/2011, demonstrated multilevel degenerative changes in the lumbar spine; moderate spinal stenosis at L4-5 level secondary to disc protrusion, facet arthropathy, and postsurgical changes. The current treatment plan includes lumbar discogram for possible lumbar surgery. The treatment to date has included L4-5 laminectomy and discectomy in 2007, spinal cord stimulator, physical therapy, epidural steroid injections, and medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI lumbar spine without dye: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Section, MRI.

Decision rationale: As stated on pages 303-304 of the ACOEM Practice Guidelines referenced by the CA MTUS, imaging of the lumbar spine is recommended in patients with red flag diagnoses where plain film radiographs are negative; unequivocal objective findings that identify specific nerve compromise, failure to respond to treatment, and consideration for surgery. In addition, ODG recommends an MRI for the lumbar spine for uncomplicated low back pain, with radiculopathy, after at least 1 month of conservative therapy, sooner if severe, or progressive neurologic deficit. In this case, patient already underwent an MRI of the lumbar spine on 02/25/2011 showing multilevel degenerative changes in the lumbar spine; moderate spinal stenosis at L4-5 level secondary to disc protrusion, facet arthropathy, and postsurgical changes. The documented rationale for a repeat MRI is to determine any significant changes from the previous imaging. However, similar progress report (10/02/2013) cited that her current treatment regimen has been beneficial in relieving her symptoms. There is no worsening of objective findings to warrant a repeat MRI at this time. Therefore, the request for an MRI of the lumbar spine is not medically necessary.