

Case Number:	CM14-0046427		
Date Assigned:	07/02/2014	Date of Injury:	03/30/2010
Decision Date:	08/21/2014	UR Denial Date:	03/19/2014
Priority:	Standard	Application Received:	04/15/2014

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 Management and is licensed to practice in Tennessee. 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 38-year-old male who has submitted a claim for cervical strain, lumbar strain, degenerative disc L5-S1 with central disc protrusion and annular tear, probable discogenic pain T11-T12 by report, rule out left carpal tunnel syndrome, and erectile dysfunction associated with an industrial injury date of March 30, 2010. The medical records from 2013-2014 were reviewed. The patient complained of severe low back pain to the left of midline, rated 8/10 in severity. The pain radiates to the left buttocks and thigh and at times to the left ankle. The quality was sharp, throbbing, and pins and needles. Physical examination showed tenderness over the midline of the lumbosacral spine. Lumbar range of motion was moderately restricted with pain in all planes. Straight leg raise test was positive bilaterally. There was decreased sensation on the L4 dermatome. Patellar tendon reflexes were absent. Motor strength was intact. An MRI of the lumbar spine dated 2011 revealed degenerative disc L5-S1 with central disc protrusion and annular tear. An official report of the imaging study was not available. Treatment to date has included medications, chiropractic therapy, and activity modification. The Utilization review, dated March 19, 2014, denied the request for an MRI of the lumbar spine. The reasons for denial were not made available.

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: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

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 Chapter, MRI.

Decision rationale: As stated on pages 303-304 of the ACOEM Practice Guidelines, 2nd Edition (2004) referenced by the California 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 on the neurologic examination, failure to respond to treatment, and consideration for surgery. In addition, the Official Disability Guidelines recommends an MRI for the lumbar spine for uncomplicated low back pain, with radiculopathy, after at least 1 month conservative therapy, sooner if severe or progressive neurologic deficit. In this case, an updated MRI was requested because there is a plan for left L5-S1 laminectomy and discectomy surgery. The MRI of the lumbar spine, done on 2011, showed degenerative disc L5-S1 with central disc protrusion and annular tear. In the recent clinical evaluation, the patient still complains of persistently severe low back pain and left lower extremity symptoms which is worse. Objective findings revealed decreased sensation on the L4 dermatome, positive straight leg raise test, and absent patellar tendon reflexes. A progress report dated April 23, 2014 stated that his symptoms have failed to improve with non-surgical care over several months. There is sufficient information to warrant a repeat lumbar MRI at this time. Therefore, request for MRI of the Lumbar Spine is medically necessary.