

Case Number:	CM14-0046979		
Date Assigned:	07/02/2014	Date of Injury:	04/19/2011
Decision Date:	08/28/2014	UR Denial Date:	03/21/2014
Priority:	Standard	Application Received:	04/14/2014

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 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:

This is a 40-year-old male with a date of injury of 4/19/11. The mechanism of injury is the patient lifted a 30-pound box, after which the pain complaints began. The 3/6/14 progress notes reported that the patient complained of left-sided low back pain and left leg radicular pain. It was noted that the patient's pain has worsened over the past year a little bit and that on review of his initial pain diagram it appears the same. It was noted that a QME on 10/9/13 recommended a lumbar MRI and spine surgery consult. Objective exam: lumbar area showed tenderness on the sciatic notch with ROM of 90 flexion and 30 of extension. There was muscle strength of 2/4 on the patella and Achilles reflex bilaterally. He has normal muscle strength. Diagnostic impression: Lumbosacral Neuritis. Treatment to date: medical management, physical therapy, left L4-L5 microdiscectomy in 10/11. A UR decision date 3/21/14 denied the request of MRI with Dye for the Lumbar Spine based on lack of information. There is no indication that the patient has failed to improve after a course of conservative therapy including physical therapy and a home exercise program. There is also no indication that the patient's BMI of 35.9 has been addressed.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI with dye for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Low Back Chapter Page(s): 303-304.

Decision rationale: CA MTUS supports imaging of the lumbar spine 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. However, this patient had a prior left L4-5 microdiscectomy in 2011. There is no clear description of any significant changes in the patient's examination to warrant repeat imaging. In addition, this patient is noted to have radicular symptoms on exam, however is documented to have a normal neurological exam with no significant findings other than a positive straight-leg raising test. In addition, there is no clear description of failure and compliance with conservative treatment, including a home exercise program. Other factors, such as the patient's weight of 240 lbs and the BMI of 35.9 have not been addressed as possible pain generators for the patient's ongoing chronic low back pain. Therefore, the MRI with dye for the lumbar spine is not medically necessary.