MAXIMUS Federal Services

Case Number:	CM14-0051954		
Date Assigned:	07/07/2014	Date of Injury:	12/31/1994
Decision Date:	08/28/2014	UR Denial Date:	04/03/2014
Priority:	Standard	Application Received:	04/21/2014

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 74-year-old male with a 12/31/94 date of injury; the mechanism of the injury was not described. The progress note dated 2/27/14 was handwritten and somewhat illegible. Exam findings revealed tenderness and spasms in the lumbar spine. The patient was seen on 3/26/14 with complains of persistent pain in the low back and pain and stiffness in the neck. The exam findings revealed tenderness and decreased range of motion in the cervical and lumbar spine. The patient was seen on 5/19/14 with complaints of increased continued pain and stiffness in the lumbar spine radiating down to the legs with numbness, tingling and weakness in the lower extremities. Exam findings of the lumbar spine revealed significant tenderness to palpation over spinal musculature with spasticity. The range of motion was flexion 37 degrees, extension 12 degrees, and right bending 13 degrees, left bending 15 degrees. Straight leg raise was positive bilaterally at 40 degrees. The sensation over the L4-S1 nerve roots was decreased bilaterally. The patellar and Achilles reflexes were normal and equal bilaterally. There was a decrease in strength in the extensor hallucis longus (EHL), extensor digitorum longus (EDL), and tibialis anterior.A Lumbar CT scan was performed on 10/28/11 and revealed: L4-L5 spinal canal and right lateral recess stenosis. It showed increasingly severe disc-endplate disease of L4-L5 towards the right side and facet arthropathy involving L3-L4 through L5-S1.The treatment to date is as follows: bilateral total knee replacement, physical therapy and medications. An adverse determination was received on 04/03/14. The request for MRI of the lumbar spine was denied given that there were no subjective or objective findings indicating neurological compromise and that the patient had attempted little in the way of conservative treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 MRI of the lumbar spine: Upheld

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: The California 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. The patient had lumbar CT in 2011 showing canal stenosis in L4-L5, which in theory can produce symptoms in L4-S1. His current symptoms of decreased sensation at the L4, L5, and S1 dermatomes and decreased strength in the extensor hallucis longus (EHL), extensor digitorum longus (EDL), and tibialis anterior could have been present for years. There is no documentation the patient has had progressive neurologic deficits since his CT from 2011. In addition, there is no indication that the patient is under consideration for surgery at this time. Therefore, the request for MRI of the lumbar spine is not medically necessary.