MAXIMUS Federal Services

Case Number:	CM14-0073649		
Date Assigned:	06/30/2014	Date of Injury:	04/28/2010
Decision Date:	08/19/2014	UR Denial Date:	03/25/2014
Priority:	Standard	Application Received:	04/07/2014

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 04/28/10 while carrying a hydrant with a coworker. A clinical note dated 08/02/13 reported that the injured worker continued to have back pain which is unremitting in nature. He complained of numbness along the left leg and stated that when he wakes up in the middle of the night, he cannot feel his left lower extremity. The injured worker was noted to not be a surgical candidate. The injured worker has had injections and functional restoration program that has not provided him with relief. He is unable to work and medication only offers him medium amount of relief. The injured worker characterizes his pain as burning, throbbing, electrical, pins and needles, and cold at 6-8/10 visual analogue scale. An electrodiagnostic study (EMG/NCV) dated 04/11/14 revealed left L5 radiculopathy, no evidence of a generalized myopathy, no evidence of a generalized sensory or motor peripheral neuropathy and no evidence of a lumbar plexopathy on the right or left side. The clinical note dated 05/02/14 reported that the injured worker complained of lower extremity weakness/numbness in the left lower extremity. A physical examination noted deep tendon reflexes 2+ throughout, except 1+ deep tendon reflexes on the left side in the bilateral lower extremities; sensation intact, except diminished in L5-S1 on the sides; cannot heel/toe walk; antalgic gait favoring the left; tenderness to palpation over the paraspinal musculature overlying the facet joints/SI joints; trigger points noted over the lower paraspinals; 2+ spasms noted over the lower paraspinals; range of motion lumbar spine within normal limits, except for flexion which is limited to 0 degrees; motor strength normal; straight leg raise positive left. The injured worker was diagnosed with degeneration of the lumbosacral intervertebral discs and radiculitis.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI Lumbar Spine without contrast: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287. Decision based on Non-MTUS Citation Official Disability Guidelines Integrated Treatment/Disability Duration Guidelines, Low back-Lumbar & Thoracic (Acute & Chronic).

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 an MRI of the lumbar spine without contrast is not medically necessary. The previous request was denied on the basis that given the non-atomic diminished sensation in motor exam, the neurologic exam is unclear and does not determine a specific nerve root. Imaging without evidence of nerve dysfunction may result in false positive findings on imaging. Neurodiagnostic testing is indicated to determine nerve root dysfunction before considering imaging studies. The previous MRI dated 02/01/12 was not provided for review. There was no report of a new acute injury or exacerbation of previous symptoms. There was no mention that a surgical intervention was anticipated. There were no additional significant 'red flags' identified that would warrant a repeat study. Given this, the request for an MRI of the lumbar spine without contrast is not indicated as medically necessary.