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| Case Number: | CM14-0073912 | | |
| Date Assigned: | 07/16/2014 | Date of Injury: | 03/11/2010 |
| Decision Date: | 08/28/2014 | UR Denial Date: | 05/13/2014 |
| Priority: | Standard | Application Received: | 05/21/2014 |

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:

The patient is a 60-year-old male who has submitted a claim for lumbar degenerative disc disease, low back pain, lumbar radiculitis, neck pain, cervical degenerative disc disease, and C7 radiculopathy associated with an industrial injury date of March 11, 2010. Medical records from 2013-2014 were reviewed. The patient complained of low back pain, rated 4-6/10. The pain radiates to the left lower extremity. Sitting, standing, and prolonged walking increased the pain. Physical examination showed tenderness over the bilateral L4-L5 and L5-S1 paraspinal. There was limited lumbar range of motion due to pain. Decreased sensation was noted on the left L5 dermatome and 1+ reflex on the left lower extremities. Motor strength was intact. There was positive straight leg raise test. MRI of the lumbar spine, dated May 13, 2012, revealed mild diffuse disc bulge with posterior central annular tears at L3-L4 and L4-L5, and disc degeneration with posterior marginal spondylosis at L5-S1 with mild right foraminal encroachment. Official report of the imaging study was not available. Treatment to date has included medications, physical therapy, acupuncture, cervical and lumbar epidural steroid injections, home exercise program, activity modification, H-wave stimulation, and heat/ice applications. Utilization review, dated May 13, 2014, denied the request for MRI of the lumbar spine because objective evidence of significant changes in his symptoms and/or findings to suggest progressive neurologic compromise has not been noted.

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: 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 - Lumbar & Thoracic; MRIs (magnetic resonance imaging).

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, 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, Official Disability Guidelines recommends 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, MRI was requested to evaluate for a discogenic and/or facetogenic etiology for the patient's pain. The MRI of the lumbar spine done last May 13, 2012, revealed mild diffuse disc bulge with posterior central annular tears at L3-L4 and L4-L5, and disc degeneration with posterior marginal spondylosis at L5-S1 with mild right foraminal encroachment. In the recent clinical evaluation dated June 17, 2014, the patient still complained of low back pain radiating to the left lower extremity. It was stated that the patient was getting epidurals and treatment, but is not really improving. However, the documentation did not show evidence of any significant or progressive worsening of symptoms. There was also no discussion of future surgical plans. There was insufficient information to warrant a repeat lumbar MRI at this time. Therefore, request for MRI of the Lumbar Spine is not medically necessary.