

Case Number:	CM14-0089622		
Date Assigned:	07/23/2014	Date of Injury:	04/12/2013
Decision Date:	09/26/2014	UR Denial Date:	06/02/2014
Priority:	Standard	Application Received:	06/13/2014

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 Orthopedic Surgery 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 47 year old male who was injured on 04/12/13 when he slipped and fell, suffering injuries to the neck, thoracic and lumbar spine. The injured worker's chief complaint pertinent to this request includes low back pain with radiation into the bilateral lower extremities and feet which is associated with a burning sensation. The injured worker is diagnosed with lumbar radiculopathy and severe central canal stenosis at L3-4. Treatment has included physical therapy and medication management. Physical examination of the lumbar spine dated 05/16/14 reveals paraspinal spasms and tenderness with positive SLR on the left with radiating pain into the heel and top of the foot. Motor examination of the lower extremity reveals weakness of the extensor hallucis longus and tibialis anterior of 4/5. Light touch is decreased in the posterior aspect of the left thigh. Clinical note dated 06/20/14 references and MRI of the lumbar spine dated 07/30/13 which reportedly reveals bilateral recess stenosis at L2-3 which is worsened as compared to a 2006 study and demonstrates likely impingement of the traversing L3 nerve roots. Severe spinal canal stenosis is noted at L3-4 with impingement of all traversing nerve roots. Facet hypertrophy at this level is also markedly worsened. A wide based disc protrusion at L4-5 posteriorly displaces the anteriorly traversing L5 nerve roots. A disc protrusion at L5-S1 abuts and slightly displaces the anteriorly traversing right S1 nerve root.

IMR ISSUES, DECISIONS AND RATIONALES

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

Repeat lumbar MRI: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 289-290 and 303-304. Decision based on Non-MTUS Citation Official Disability Guidelines: Low Back-Lumbar and Thoracic: MRI.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic Chapter, MRIs.

Decision rationale: The Expert Reviewer's decision rationale: The request for a repeat lumbar MRI is not recommended as medically necessary. ACOEM states, "Unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option." ACOEM, however, does not specifically address the use of repeat MRIs. ODG does not support the use of repeat MRIs unless and states these should be reserved for change in symptoms and/or findings suggestive of significant pathology (eg, tumor, infection, fracture, neurocompression, recurrent disc herniation) or progressive neurologic deficit. Records reference an MRI dating 07/30/13 but do not include physical examinations that approximate that date. As such, more recent physical examination cannot be evaluated for evidence of significantly progressive neurologic deficit. Records do not indicate significant pathology such as a tumor is suspected. Submitted physical examination findings appear to correlate with MRI findings dating approximately one year ago. Based on the clinical information provided, medical necessity of a repeat lumbar MRI is not medically necessary.