

Case Number:	CM14-0101819		
Date Assigned:	07/30/2014	Date of Injury:	06/07/2013
Decision Date:	01/26/2015	UR Denial Date:	06/23/2014
Priority:	Standard	Application Received:	07/01/2014

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 Physical Medicine Rehab 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 29 year old male with date of injury 06/07/13. The treating physician report dated 12/13/13 indicates that the patient presents with pain affecting his lumbar spine which radiates into his midback and left buttocks and causes numbness/ tingling in his toes(56). The physical examination findings reveal range of motion of the lumbar spine forward flexion- 40 degrees, extension- 15 degrees, left lateral flexion- 10 degree, and left lateral rotation- 20 degrees, positive Straight Leg Test on the left side, and palpation reveals tenderness to the lumbar spine, sensory examination revealed numbness in L4-L5 with distribution into the left leg. Prior treatment history includes physical therapy, lumbar ESI, and medication. MRI findings reveal a 5 mm protrusion at L5-S1. The current diagnoses are: 1. Lumbar Disc Herniation 2. Lumbar Radiculopathy The utilization review report dated 06/23/14 denied the request for Magnetic Resonance Imaging (MRI) of the lumbar spine based on not being determined medically necessary. he request for Magnetic Resonance Imaging (MRI) of the lumbar spine based on not being determined medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Magnetic Resonance Imaging (MRI) of the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Online Lumbar Chapter, MRIs (magnetic resonance imaging).

Decision rationale: The patient presents with pain affecting his lumbar spine which radiates into his midback and left buttocks and causes numbness/ tingling in his toes (56). The current request is for Magnetic Resonance Imaging (MRI) of the lumbar spine. The treating physician states, "He continues to have painful and limited range of motion in the low back. Today's formal physical examination also revealed tenderness to palpation over the midline at L4-S1 levels and bilateral paraspinals. Bilateral hamstring tightness was noted. He also had pain with flexion and extension. Due to prolonged pain and failure of conservative treatment, I would like an MRI of the lumbar spine for diagnostic purposes." (29) The ODG guidelines state, "Uncomplicated low back pain, with radiculopathy, after at least 1 month conservative therapy, sooner if severe or progressive neurologic deficit. Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (eg, tumor, infection, fracture, neurocompression, recurrent disc herniation)" In this case the treating physician has documented failed lumbar ESI and physical therapy and the patient is diagnosed with radiculopathy. The treating physician has documented that the patient has continued lumbar pain, but there are no indications of a significant change in symptoms, significant clinical findings or any red flags to justify a repeat MRI. The current request is not medically necessary and the request is not medically necessary and appropriate.