

Case Number:	CM14-0109163		
Date Assigned:	08/01/2014	Date of Injury:	05/24/2011
Decision Date:	01/02/2015	UR Denial Date:	07/09/2014
Priority:	Standard	Application Received:	07/14/2014

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 Management 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:

48 year old male injured worker with date of injury 5/24/11 with related neck, low back, and leg pain. Per progress report dated 7/24/14, the injured worker complained of increasing neck pain, low back pain and bilateral leg pain involving the lateral calves. Per physical exam, there was no motor deficit in the legs documented, knee and ankle were hyporeflexic bilaterally, sensory examination of the upper and lower extremities revealed blunting to pin on left leg in L4-L5 and L5-S1 distributions. MRI of the lumbar spine dated 7/8/11 revealed DDD L5-S1 with moderate central disc protrusion measuring 5mm. No definite nerve root compression. Far right posterolateral L4-L5 disc protrusion with foraminal stenosis and possible encroachment of the exiting L4 spinal nerve root. Electromyography (EMG) of the lower extremities dated 8/1/11 revealed no evidence of lumbar radiculopathy or peripheral nerve involvement. Treatment to date has included physical therapy, chiropractic manipulation, and medication management. The date of UR decision was 7/9/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Magnetic Resonance Imaging (MRI) without contrast Lumbar: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177.

Decision rationale: ACOEM guidelines support ordering of imaging studies for emergence of red flags, physiologic evidence of tissue insult or neurologic dysfunction, failure to progress in a strengthening program intended to avoid surgery, and clarification of the anatomy prior to an invasive procedure. Physiologic evidence may be in the form of definitive neurologic findings on physical examination, electrodiagnostic studies, laboratory tests, or bone scans. Unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. Electromyography (EMG), and nerve conduction velocities (NCV), including H-reflex tests, may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. The documentation submitted for review contains no red flag neurologic findings which would justify repeat MRI. The request for Magnetic Resonance Imaging (MRI) without contrast Lumbar is not medically necessary.