

Case Number:	CM14-0150002		
Date Assigned:	09/18/2014	Date of Injury:	07/22/2008
Decision Date:	01/16/2015	UR Denial Date:	08/19/2014
Priority:	Standard	Application Received:	09/15/2014

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 and Rehabilitation, has a subspecialty in Interventional Spine 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:

This patient is a 60 year old male with a date of injury of 7/22/08. The listed diagnoses are cubital tunnel ulnar nerve entrapment right and left elbow; tendinitis carpal tunnel syndrome (CTS) right and left hand; lumbar spine strain/sprain herniated lumbar disc with bilateral radiculopathy; and symptoms of anxiety and depression. According to progress report dated 6/18/14, the patient presents with complaints of pain in the lower back with radicular symptoms into the bilateral leg. Symptoms are aggravated with prolonged sitting, standing and walking. Lumbar spine examination revealed range of motion is flexion 50 degrees, extension 20 degrees, lateral bending right and left are 20 degrees. Straight leg raise is positive at 75 degrees bilaterally. There is tightness and spasm in the lumbar paraspinal musculature noted. Medication regimen includes Norco 10/325mg, Ultram 150mg, Anaprox 550mg and Prilosec 20mg. MRI of the lumbar spine dated 4/7/14 revealed enlarged prostate gland, early disc desiccation at L1-S1 levels, focal central extrusion with annular tear at L1-2 and L4-5 measuring 6.3-5.6mm, and L5-S1 showed focal central protrusion effacing the thecal sac. Treatment plan was for the patient to follow up with primary medical doctor with a copy of the MRI "to evaluate for the enlarged prostate gland." The Utilization Review letter dated 8/19/14 notes that this is a request to evaluate the medical necessity of an MRI that was already performed. The medical file provided for review includes the one progress report from 6/18/14 and the MRI report dated 4/7/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective: MRI lumbar with flex - ext: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines; (chapter on the low back)

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 chapter, MRIs (magnetic resonance imaging)

Decision rationale: This patient presents with low back pain with bilateral radiculopathy. The current request is for MRI lumbar with flex-ext. For special diagnostics, ACOEM Guidelines page 303 states "unequivocal objective findings that identify specific nerve compromise on the neurological examination is sufficient evidence to warrant imaging in patients who do not respond well to treatment and who would consider surgery as an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study." For this patient's now chronic condition, Official Disability Guidelines provide a good discussion. Official Disability Guidelines under its low back chapter recommends obtaining an MRI for uncomplicated low back pain with radiculopathy after 1 month of conservative therapy, sooner if severe or progressive neurologic deficit. This is a retrospective request for an MRI that was performed on 4/7/14. The treating physician has provided only one progress reported dated after the MRI was already done. The medical necessity cannot be established if no examination is provided prior to the MRI. This request is not medically necessary.