

Case Number:	CM14-0181291		
Date Assigned:	11/06/2014	Date of Injury:	04/24/2012
Decision Date:	02/03/2015	UR Denial Date:	10/17/2014
Priority:	Standard	Application Received:	10/31/2014

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, 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:

The patient is a 49-year-old male with an injury date of 04/24/2012. Based on the 07/09/2014 progress report, the patient complains of low back pain which he rates as a 6/10 and neck pain which he rates as a 4/10. He has low back pain with bilateral numbness, tingling, and burning in the anterior thighs, not past the knee. He has constant aching neck pain with associated left upper extremity numbness/tingling down the arm into the 4th and 5th digits of the hand. The 07/23/2014 report states that the patient ambulates with an assistive device. No further exam findings were provided on this report. The 09/12/2014 report indicates that the patient continues to have low back pain which he rates as a 6/10 and neck pain which he rates as a 4/10. He has tenderness to palpation of the right cervical paraspinals, left greater than right. He has tenderness to palpation of the lumbar spine extending into the bilateral paraspinal region with spasms appreciated. There is diminished sensation of the left L4 dermatome. The patient has had a previous MRI of the lumbar spine on 05/30/2012 which demonstrated facet hypertrophy at L3-L4 and L4-L5 levels. The patient's diagnoses include the following: 1. Cervical radiculopathy. 2. Lumbar radiculopathy. 3. Facet arthropathy of lumbar spine. 4. Multilevel disk herniations of the cervical spine with moderate to severe neuroforaminal narrowing. The utilization review determination being challenged is dated 10/17/2014. Treatment reports were provided from 07/09/2014-09/12/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI Lumbar Spine: Upheld

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

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 MRI

Decision rationale: The patient presents with low back pain with bilateral numbness, tingling, and burning in the anterior thighs as well as constant aching neck pain with associated left upper extremity numbness/tingling down the arm into the 4th and 5th digits of the hand. The request is for an MRI of the Lumbar Spine. For special diagnostics, ACOEM Guidelines page 303 states, "Unequivocal objectives that identifies specific nerve compromise on the neurological examination are sufficient evidence to warrant imaging in patients who do not respond well to treatment and who would consider surgery an option. A neurological examination is less clear; however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study." ODG Guidelines low back chapter MRI topic, state that, "MRIs are tests of choice for patients with prior back surgery, but for uncomplicated low back pain, with radiculopathy, not recommended until after at least 1 month of 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 (e.g. tumor, infection, fracture, nerve compression, recurrent disk herniation)." The treater does not provide any reason for the request. The patient had a prior MRI of the lumbar spine on 05/30/2012 which revealed facet hypertrophy at L3-L4 and L4-L5 levels. In this case, there are no new injuries, no significant change in examination findings, no bowels/bladder symptoms or new locations of symptoms that would require additional investigation. The requested repeat MRI of the lumbar spine is not medically necessary.