

Case Number:	CM14-0188220		
Date Assigned:	11/18/2014	Date of Injury:	03/09/2010
Decision Date:	01/14/2015	UR Denial Date:	10/16/2014
Priority:	Standard	Application Received:	11/12/2014

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 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 injured worker is a 70-year-old man with a date of injury of 3/9/10 with notable residual neck, right shoulder and low back pain. On 11/6/14 progress note indicates the patient is experiencing urinary urgency related to worsening back pain without mention of bowel or bladder incontinence or saddle anesthesia. Treatment diagnoses include cervical radiculopathy, thoracic strain and lumbar strain with acute right L4-S1 radiculopathy noted by reported EMG from 11/15/14. Physical exam findings include lumbar muscle spasms, impaired lumbar range of motion in all planes, lower lumbar tenderness, bilateral positive straight leg raise test and right Patrick's test, symmetric Achilles deep tendon reflexes, diminished pinprick over the S1 dermatome bilaterally and 4/5 motor strength with right knee extension, great toe extension and foot eversion. Neurosurgery consultation performed 8/7/14 indicates that MRI scan performed on 10/1/13 which shows evidence of foraminal stenosis at L3-4 and L4-5 to be a poor quality image and recommends a repeat study of the lumbar spine in order to determine recommendations for surgical intervention.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the lumbar spine: Overturned

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): 303-305.

Decision rationale: The injured worker has been diagnosed with worsening of chronic cervical and lumbar radiculopathy pain. Lumbar MRI has been denied by utilization review citing MTUS guidelines from chapter 12 and indicating previous lumbar MRI from 2010 to be clinically sufficient due to lack of change in symptoms since then. Records however clearly indicate a clinical change documented by request for neurosurgery evaluation, increase in utilization of pain medications and worsened pain with ambulation. MTUS guidelines recommends imaging studies when surgery is being contemplated. A poor quality 4-year-old study of the lumbar spine is not seen sufficient for evaluating the injured worker's current condition in light of potential surgical intervention. Therefore, the request for lumbar MRI is medically necessary.