

Case Number:	CM14-0190751		
Date Assigned:	11/24/2014	Date of Injury:	10/20/2000
Decision Date:	01/09/2015	UR Denial Date:	10/27/2014
Priority:	Standard	Application Received:	11/14/2014

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 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 52 year old male with a date of injury of 10/20/2000. The listed diagnoses are sciatica and backache. According to progress report 10/20/14, the patient presents with low back pain with pain at the posterior aspect of the left hip that radiates distally to the lower legs, with numbness and tingling. Physical examination of the lumbar spine revealed positive straight leg raise bilaterally and decreased range of motion. The patient is currently working full time. The treating physician states that the patient's "symptoms are concerning for a herniated nucleus pulposus." He would like to obtain and lumbar spine MRI to evaluate further. The utilization review denied the request on 10/27/14. The medical file includes one progress report for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the bilateral lumbar spine without contrast: 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 pain at the posterior aspect of the left hip that radiates distally to the lower legs, with numbness and tingling. The current request is for MRI of the bilateral lumbar spine without contrast. 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. The medical file provided for review includes one progress report dated 10/20/14 and provides no discussion of prior imaging. The Utilization review states that the patient underwent an MRI of the L-spine on 10/10/2007 which showed annular tears at the posterior fibers of the L4-5 and L5-S1 discs, disc protrusion that abuts the thecal sac at L3-4 and L4-5, and disc protrusion that effaces the thecal sac with bilateral neuroforaminal narrowing with effacement of the L4 and L5. The patient has been participating in physical therapy, utilizing Aleve and working full time as a truck driver. In this case, there are no new injuries, no new examination findings, no bowel/bladder symptoms, or new location of symptoms that would require additional investigation. The requested repeat MRI of the lumbar spine is not medically necessary.