

Case Number:	CM14-0197826		
Date Assigned:	12/08/2014	Date of Injury:	05/07/2012
Decision Date:	01/23/2015	UR Denial Date:	11/12/2014
Priority:	Standard	Application Received:	11/25/2014

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 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:

The patient is a 55 year old male with an injury date on 05/07/2012. Based on the 10/27/2014 progress report provided by the treating physician, the diagnoses are lumbar disc protrusion, lumbar degenerative disc disease, lumbar radiculopathy (right greater than left) and status post first lumbar epidural steroid injection. According to this report, the patient complains of "low back pain rated as 8/10" with weakness in right leg and swelling in right calf. The pain radiates to the right knee. Activities such as overhead reaching lifting, pushing, pulling, twisting, bending, walking and sitting would aggravate the symptoms. Physical exam reveals tenderness, guarding and spasm at the lumbar paravertebral region bilaterally. Straight leg raise test is positive bilaterally. Manual muscle testing of the lower extremity is a 4+ /5. Range of motion is restricted due to pain and spasm. Decreased sensation is noted at the bilateral feet. MRI of the lumbar spine on 01/15/2013 shows a 1-2 mm posterior disc bulge and facet joint hypertrophy at L2-3 and L5-S1; and 2-3 mm posterior disc bulge and facet joint hypertrophy at L4-5. The treatment plan is to request for a second opinion for lumbar spine fusion surgery and a repeat lumbar MRI. The patient's work status is "return to modified work duties with restrictions of no lifting more than 40 pounds, no repetitive bending or squatting, no climbing, squatting or crawling." There were no other significant findings noted on this report. The utilization review denied the request for MRI lumbar spine on 11/12/2014 based on the ODG guidelines. The requesting physician provided treatment reports from 05/05/2014 to 11/20/2014.

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 Page(s): 303-305. Decision based on Non-MTUS Citation ODG LS spine

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) low back chapter; Magnetic resonance imaging

Decision rationale: According to the 10/27/2014 report, this patient presents with "low back pain rated as 8/10" that radiates to the right knee. The current request is for repeat MRI lumbar spine, "as the most recent was of January 2013." Regarding repeat MRI study, ODG states "is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (eg, tumor, infection, fracture, neurocompression, and recurrent disc herniation)." In reviewing the available reports show that the patient has subjective symptoms of low back pain. However, there is no neurologic deterioration such as new weakness; no red flags such as bowel bladder symptoms; no significant change in examination; no new injury to warrant an updated MRI. The patient is not post-operative. In this case, the request for a repeat MRI of lumbar spine is not supported by the guidelines. Therefore the current request is not medically necessary.