

Case Number:	CM14-0022288		
Date Assigned:	05/09/2014	Date of Injury:	10/26/2006
Decision Date:	04/14/2015	UR Denial Date:	02/12/2014
Priority:	Standard	Application Received:	02/21/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 54 year old male, who sustained an industrial injury on October 26, 2006. The injured worker had reported a back injury. The diagnoses have included lumbar spine degenerative joint disease, lumbar spine degenerative disc disease and lumbar spine strain. Treatment to date has included medications, radiological studies and back surgery. Most current documentation dated August 12, 2013 notes that the injured worker complained of back pain radiating into the buttocks. The pain was aggravated with prolonged sitting or standing and increased with activity. Physical examination revealed the injured worker held his back in a guarded position. Straight leg raise was equivocal. The injured worker was noted to have a new onset neurological change. The injured workers examination showed weakness of the left hip flexors and he had no reflexes on the left hand side in the Achilles or common patellar tendons. He was diagnosed with a new onset left lower extremity radiculopathy. The treating physician's recommended plan of care included an MRI of the lumbar spine due to the new onset of left lower extremity radiculopathy.

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: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, MRIs (magnetic resonance imaging).

Decision rationale: Regarding the request for repeat lumbar MRI, Occupational Medicine Practice Guidelines state that unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and would consider surgery an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. ODG states that MRIs are recommended for uncomplicated low back pain with radiculopathy after at least one month of conservative therapy. Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. Within the documentation available for review, the requesting physician has identified weakness and reduced reflexes in the patient's lower extremity. It is unclear how this has changed since the time of the most recent MRI. Additionally, it is unclear why a sensory examination was not done in hopes of clarifying a radicular level, if radiculopathy is in fact present. Furthermore, the weakness and loss of reflexes described encompass the L2-S1 nerve root distribution. It seems unlikely that the patient would have acute onset radiculopathy at all of the above levels. Finally, it is unclear what conservative treatment has been attempted to address these specific issues prior to requesting repeat imaging. In the absence of clarity regarding those issues, the currently requested lumbar MRI is not medically necessary.