

Case Number:	CM15-0108608		
Date Assigned:	06/12/2015	Date of Injury:	05/01/2011
Decision Date:	07/15/2015	UR Denial Date:	05/28/2015
Priority:	Standard	Application Received:	06/04/2015

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

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 63-year-old male sustained an industrial injury on 5/1/11. He subsequently reported low back pain. Diagnoses include degenerative disc disease with disc protrusion and osteophyte, degenerative disc disease at L4-S1 with an annular tear and bilateral radiculopathy. Treatments to date include x-ray and MRI testing, physical therapy, injections and prescription pain medications. The injured worker continues to experience low back pain that radiates to the bilateral lower extremities. Upon examination, the injured worker was noted to be in distress. There was weakness in the left extensor hallucis longus and anterior tibialis. There was diminished sensation along the dorsum of the left foot. Straight leg raise test was negative. The treating physician made a request for MRI Lumbar spine without contrast.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI 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 8 Neck and Upper Back Complaints Page(s): 177-178. Decision based on Non-MTUS Citation Official disability guidelines Low back chapter, MRIs (magnetic resonance imaging).

Decision rationale: Based on the 05/08/15 progress report provided by treating physician, the patient presents with low back pain that radiates to the bilateral lower extremities. The request is for MRI LUMBAR SPINE WITHOUT CONTRAST. RFA with the request was not provided. Patient's diagnosis on 05/08/15 included bilateral radiculopathy. Physical examination to the lumbar spine on 05/01/15 revealed tenderness to palpation over the right L5-S1, right sciatic notch, and right posterior notch. There is decreased sensation to the paresthesia right lateral thigh, lateral calf, and dysesthesia to right posterior lateral thigh. EMG dated 08/12/13, per 05/01/15 report revealed "lumbar spine left L5 radiculopathy, with electromyographic evidence of mild to moderate associated denervation." Treatment to date includes x-ray and MRI testing, physical therapy, injections and medications. Patient's medications include Oxycodone. The patient remains temporarily very disabled, per 05/01/15 report. Treatment reports were provided from 06/28/13 - 05/08/15. ACOEM Guidelines, chapter 8, page 177 and 178, state, "Unequivocal objective findings that identify specific nerve compromise on the neurological examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option." ODG Guidelines do not support MRIs unless there are neurologic signs/symptoms present. Repeat MRI's are indicated only if there has been progression of neurologic deficit." ODG guidelines, Low back chapter, MRIs (magnetic resonance imaging) (L-spine) state that "for uncomplicated back pain MRIs are recommended for radiculopathy following at least one month of conservative treatment." ODG guidelines further state the following regarding MRI's, "Repeat MRI 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, recurrent disc herniation)." Per 05/08/15 report, Treater states, "the patient was sent to me for surgical consideration. His MRI is over 2 years old. I would certainly like to get an up-to-date MRI prior to recommending surgical intervention." Per 06/28/13 report, "in June of 2011, the patient underwent an MRI scan of the lumbar spine, which was found 'positive.'" Per 05/28/15 report, the patient's MRI report dated 2013 demonstrated "an L4-5 annular tear with degeneration. The patient has 6mm disk protusion and osteophyte greater on the left versus the right at L5-S1." According to guidelines, for an updated or repeat MRI, the patient must be post-operative or present with a new injury, red flags such as infection, tumor, fracture or neurologic progression. This patient does not present with any of these. Therefore, the request IS NOT medically necessary.