

Case Number:	CM15-0141397		
Date Assigned:	07/31/2015	Date of Injury:	07/30/2013
Decision Date:	09/03/2015	UR Denial Date:	06/23/2015
Priority:	Standard	Application Received:	07/21/2015

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: Texas, California
 Certification(s)/Specialty: Family Practice

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 53 year old male who sustained an industrial injury on 07-30-2013. Diagnoses include sprain and strain of other specified sites of the knee and leg, pain in joint of the lower leg, sprains and strains of other and unspecified parts of the back, lumbar sprain and strain, pain in joint-other specified sites, thoracic or lumbosacral neuritis or radiculitis and unspecified disorder of muscle, ligament and fascia. He also has adjustment disorder with depression and insomnia. He has a history of right lower extremity deep vein thrombosis, and he was recently diagnosed with diabetes. Treatment to date has included diagnostic studies, medications, trigger point injections, and functional capacity evaluation. His medications include Norco, Gabapentin, Medrox ointment, Flexeril, Laxacin (docusate), Ambien, and Coumadin. A physician progress note dated 06-11-2015 documents the injured worker continues to complain of low back pain and muscular tightness and spasms. Trigger point injections have been helpful in the past but the benefits have completely dissipated. He also complains of intermittent left lower extremity paresthesias. His left leg has sharp and tingling sensations that will radiate down his groin and inner thigh to his foot. His neck issues have remained the same. However residual symptoms still persist and wax and wane throughout the day. His medications continue to help with pain and functionality. The cervical spine range of motion is restricted due to stiffness. The lumbar spine has tenderness over the paralumbar extensors and facet joints, and range of motion is limited due to pain and stiffness. The patient has had normal gait, negative SLR, normal strength and sensation and reflexes His bilateral knees have full range of motion but there is pain on the left. The left ankle has pain on palpation with full range of motion. There is pain upon dorsiflexion and a positive Homan's sign in the left calf. A urine drug screen from 05-07-2015 was consistent with medications. The treatment plan includes an ultrasound of the left calf due

to the possibility of left calf deep vein thrombosis. Treatment requested is for 1 Magnetic resonance imaging of lumbar spine without contrast as outpatient. The patient sustained the injury when he was lowering a portable toilet from truck. The patient has had EMG of left lower extremity on 11/1/13 that was normal. The patient had received an unspecified number of PT visits for this injury. The patient's surgical history includes right elbow surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Magnetic resonance imaging of lumbar spine without contrast as outpatient: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Title 8 Effective July 18, 2009.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304.

Decision rationale: Per the ACOEM low back guidelines cited below "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 who 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. Indiscriminant imaging will result in false-positive findings, such as disk bulges, that are not the source of painful symptoms and do not warrant surgery. If physiologic evidence indicates tissue insult or nerve impairment, the practitioner can discuss with a consultant the selection of an imaging test to define a potential cause (magnetic resonance imaging [MRI] for neural or other soft tissue, computed tomography [CT] for bony structures)." The pt has chronic low back pain with intermittent paresthesias of the left lower extremities. His left leg has sharp and tingling sensations that will radiate down his groin and inner thigh to his foot. He has had conservative therapy including medications and PT. He also has a history of DVT of the right leg and it is also suspected in the left leg. He is on Coumadin. The DVT bilaterally raises the possibility of a tumor in the pelvic region. A lumbar MRI would help to shed more light on the lower extremities neurological symptoms and also confirm that there are no tumors in the lumbar spine or pelvic area. The Magnetic resonance imaging of lumbar spine without contrast as outpatient is medically appropriate and necessary for this patient.